



SDI EDITORIAL COMMENTS FORM

EDITORIAL COMMENT'S on revised paper (if any)	Authors' response to editor's comments
<p>1) The manuscript has been written in very confusing English with poor scientific language misleading the readers. For eg: Tuberculous dactylitis is preferred terminology over Tubercular dactylitis.</p> <p>2) Multiple major as well as minor grammatical errors are in almost every sentence including poor management of the Voice which changes frequently, making this a very poorly written manuscript. These have been highlighted in green in the final draft.</p> <p>3) Multiple suggestions are given in the text boxes and Comments to enable the authors to understand the reason for the poor score of this manuscript.</p> <p>4) Radiological descriptions and treatment have not been completed to fulfil the case report and outcomes, for this individual case. No final Xrays seen after completion of treatment: NOTE: Tuberculous osteomyelitis is treated surgically like any other chronic osteomyelitis needs DEBRIDEMENT, SAUCERIZATION AND SAMPLING OF THE DEAD NECROTIC TISSUE, TO AUGMENT THE ORAL ANTI-TUBERCULOUS TREATMENT PROTOCOLS.</p> <p>5) The clinical presentations and investigations need to be presented systematically and reason for escalation of the different individual investigative method and reason for the test needs to be discussed in details to compete the educational importance of this case as Tuberculous dactylitis has been published in the past and all the details of diagnostic dilemmas are reviewed as well. For eg: need to talk about initial X-rays done as well as the reason for ultrasound after CT scan?</p> <p>6) All the requested changes requested by the Reviewers seems to have not been completed at all.</p> <p>7) The Manuscript needs to also follow the guidelines for the authors as the citations have not the guidelines.</p>	<p>1. Corrected</p> <p>2. Corrected</p> <p>3. Corrected</p> <p>4. Only ATT may be sufficient to resolve the symptoms and improve the presentation in Tuberculous dactylitis, without any need of surgery. PI see Ref a) Abebe W, Abebe B, Molla K, Alemayehu T. Tuberculous Dactylitis: An Uncommon Presentation of Skeletal Tuberculosis. <i>Ethiop J Health Sci.</i> 2016;26(3):301-303. doi:10.4314/ejhs.v26i3.15 b) Fairag R, Hamdi A. Tuberculous Dactylitis : Case Presentation and Functional outcome. <i>J Orthop Case Rep.</i> 2016;6(3):22-24. doi:10.13107/jocr.2250-0685.484</p> <p>5 Corrected Since clinically there was a fluctuant swelling on dorsum of hand , ultrasonography was done which revealed dorsal hypoechoic collection 1.6x1.8 cm indicative of soft tissue collection over right hand and underlying cortical irregularity of right metacarpals were noted .</p> <p>6) Whatever possible has been done</p> <p>7) As per guidelines</p>