

Review Form 1.6

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| Journal Name: | Journal of Pharmaceutical Research International |
| Manuscript Number: | Ms_JPRI_76625 |
| Title of the Manuscript: | AN UNUSUAL PRESENTATION OF TUBERCULOSIS WITH SEPTIC SHOCK AND IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME IN AN IMMUNOCOMPETENT PATIENT |
| Type of the Article | |

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://peerreviewcentral.com/page/manuscript-withdrawal-policy>)

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PART 1: Review Comments

| | Reviewer's comment | Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
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| Compulsory REVISION comments | <p>Abstract:</p> <ol style="list-style-type: none"> 1. Please mention the full elaboration at first when the term is mentioned in the manuscript including the abbreviation in parenthesis, follow this throughout the manuscript. <p>Introduction:</p> <ol style="list-style-type: none"> 2. "But in our patient even though the diagnosis was established early, there was a paradoxical worsening after initiation of treatment most likely due to immune reconstitution syndrome." - This statement should not be here in introduction. Shift it to discussion and elaborate with evidence from previous literature <p>Case Report:</p> <ol style="list-style-type: none"> 3. "There is no specific test for IRIS. Its diagnosis is based on excluding all other possible causes and response to steroids" - Rephrase this sentence 4. "2 days after admission, patient went in for respiratory distress and hypotension and was shifted to ICU." <ol style="list-style-type: none"> a. Mention mean arterial pressure (MAP) b. What was her CRT? Evidences in support of lowered peripheral tissue perfusion should be cleared c. Please mention regarding patient's urine output. d. Why did not you consider any IV fluid bolus first? Which is suggested by the Surviving Sepsis Guideline 5. "She was put on mechanical ventilation, and was on ionotropes for 3 days and gradually weaned off from both" - Which inotrope? What titration during the clinical course? 6. "CRP was 17 and d-dimer was 2284" - Please mention the units of CRP and D-Dimer. How did you manage this high D-Dimer? 7. "As she was unable to produce sputum, bronchoalveolar lavage was done." - Previously you did a sputum culture as reported.. Please explain this incident 8. "GENEXPERT" - Please write the investigation name as "GeneXpert MTB/RIF" 9. "so ATT was initiated" – When? After two months later, according to the abstract? Please explain why.. 10. "She was discharged after 20 days of hospital stay with a diagnosis of septicemia secondary to pulmonary tuberculosis with ARDS and acute ischemic hepatitis." – <ol style="list-style-type: none"> a. As you treated the patient with ionotropes, the diagnosis should must be Septic Shock according to Surviving sepsis guideline b. Why ?Septisemia (Septic shock, precisely) was not attributed to culture positive staphylococcus epidermidis? c. Please explain each 'term' of your diagnosis and explain with supporting evidence (clinical features and lab investigations) 11. "After 4 weeks of starting ATT" - As the patient had "Acute Ischemic Hepatitis", any dose adjustment for ATT required? Please explain. 12. "Patient was thought to have drug resistant tuberculosis" - During first episode of patient's admission, she was sensitive to Rifampicin. Now why you 'thought' the patient have drug resistant TB. | |

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| | <p>Table 1:</p> <p>13. Please include reference values for adult female and units of values for each lab investigations</p> <p>Discussion:</p> <p>14. “Worldwide, tuberculosis is one of the leading causes of death especially in developing countries. In intensive care settings, tuberculosis is an important but poorly managed issue. Tuberculosis septicemia is extremely rare and has been recorded exclusively in immunosuppressed patients especially in HIV.” – References?</p> <p>15. “septic shock” - Previously you mentioned the patient’s diagnosis is ‘Septicemia’!</p> <p>16. “Steroid therapy has shown to rapidly improve the symptoms, reduce the hospitalization stay and has improved the quality of life significantly.” - Must be supported with references and guidelines</p> | |
| <p>Minor REVISION comments</p> | <ol style="list-style-type: none"> 1. Please write “a 29-year-old” female patient, instead 2. Please remove “She” to indicate the patient from the whole manuscript, instead use “the patient” / “our reported case” etc. 3. “At 2 years of follow up, the patient is doing well.” – rephrase this sentence 4. “5 days prior to admission, patient developed dry cough and breathing difficulty, for which she was admitted” - It is better not to start a sentence with number in academia 5. “Dengu” – spelling is incorrect | |
| <p>Optional/General comments</p> | <p>Thanks for developing the manuscript, the case seems interesting, however, there are serious chronological error in the manuscript, mostly in ‘case report’ section. Introduction should be stronger with explaining terms and incidents published till date. There are lack of references, lack of mentioning of supporting guidelines in respect of diagnosis and clinical course. Clinical diagnosis should be supportive on clinical judgements and lab. Investigation findings, both. Discussion part should be more formed, comparing your case with other published findings and supporting arguments.</p> <p>Serious major revision is required.</p> <p>Please try to address points mentioned here. Best of luck.</p> | |

PART 2:

| | <p>Reviewer’s comment</p> | <p>Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</p> |
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| <p>Are there ethical issues in this manuscript?</p> | <p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> | |

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