

Thank you for your valuable reviews. Following revisions are made as suggested by your reviews

Reviewer 1 suggestions

1. Title of the manuscript

A case of VOMIT (Victims Of Modern Imaging Technology): Increased information noise concealing the diagnosis

2. The authors should stress the impact and effect about using unnecessary imaging in their case, and how did those procedures affect the patient (e.g. time, health, money, waste of resource).

<At last paragraph of case report/Case in Point>

At the end of all these diagnostic investigations which included radiological, biochemical and histological tests, patient spent a significant amount of money and time. He also paid for travel expenses and registration & consultation charges in various hospitals. Added to this he must have underwent mental turmoil of anxiety and frustration. Not only these were costing him, there was waste of resources and time of hospitals/country which might have been used for patient in need.

3. In the conclusion, more details should be given on how to increase the communication between all medical staff in the team.

<In discussion, last but second paragraph>

While making of provisional diagnosis, a radiologist should think of common disease over uncommon diseases. With high prevalence of common disease, a radiologist making a diagnosis of common disease, statistically will be correct in most of the cases. But it should be kept in mind that not to miss a grave or medico legally important condition even it might be uncommon.

It is always worth to follow protocol in certain conditions, which are made for standardisation, streamlining the workflow, increase the accuracy as well better communication among clinicians and radiologist. A good example for well accepted protocol is BIRADS (Breast Imaging Reporting and Data System). At times a radiologist giving a BIRADS category of 3, he might be more than 98% accurate in diagnosis (BIRADS category 3 translates to 'probably benign'. The likelihood of malignancy is 0-2%). To address this small portion of likelihood of malignancy, it is advised to have a short interval follow up, rather than further investigations to confirm the benignity.

A referring clinician needs to know what imaging study is suitable to ascertain a particular condition. A free discussion with the radiologist regarding patient disease condition, availability of imaging resources, benefits & limitation of diagnostic modality should be encouraged.

4. Fig. 2 should contain two subfigures. Please label them and explain. 5. Fig. 3: Please use arrow to label the position of those fibrotic changes and calcified granulomas like Figs. 4 and 5.

Figures and legends are changed accordingly

Reviewer 2 suggestions

We thank you for your valuable review

Reviewer 3 suggestions

Revision of abstract to include current background of related issues of skeletal tuberculosis, its imaging, treatment, diagnosis, incidence and issues existed and the case and the measures taken to deal with.

We present a case of tubercular arthritis who underwent numerous unnecessary investigations what is known as 'Victims of Modern Imaging Technology' or VOMIT. Today there is an exponential rise in the volume of the medical imaging, part of which is contributed by unnecessary and unjustified indications. We discuss about the untoward effects of the uninhibited and careless use of modern imaging modalities and possible ways to avoid.

Skeletal manifestation of the tuberculosis is still common in the endemic countries like India. Although the final diagnosis of the skeletal tuberculosis like tubercular arthritis is made by bacteriological and histological studies, few demographic, clinical and radiological features might help making early diagnosis.