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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68583

Title: Misidentification of hepatic tuberculosis as cholangiocarcinoma: A case report

Reviewer's code: 02567564
Position: Peer Reviewer
Academic degree: MD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: India
Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-09 01:18

Reviewer performed review: 2021-06-10 03:39

Review time: 1 Day and 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous
Statements	Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

1. Manuscript can be shortened and made more focused. In introduction, remove March 24, 2021 was the 26th World TB Day, and the theme of this WHO day was "the Clock is Ticking". With the prevention and treatment of TB and the promotion of BCG vaccinations for newborns, the number of tuberculosis infections has continuously decreased. The 2020 Global Tuberculosis Report of the World Health Organization [1] shows that China is one of the 30 countries with a high burden of tuberculosis, and China had the 3rd highest number of new tuberculosis cases in 2019. Mycobacterium tuberculosis (TB) infections predominantly affect the lungs, but extrapulmonary manifestations are not unusual. 2. In introduction please mention the forms of Hepatic TB. This an be taken from one of these two papers: Hickey AJ, Gounder L, Moosa MY, Drain PK. A systematic review of hepatic tuberculosis with considerations in human immunodeficiency virus co-infection. BMC Infect Dis. 2015 May 6;15:209. doi: 10.1186/s12879-015-0944-6. PMID: 25943103; PMCID: PMC4425874. and Amarapurkar DN, Patel ND, Amarapurkar AD. Hepatobiliary tuberculosis in western India. Indian J Pathol Microbiol. 2008 Apr-Jun;51(2):175-81. doi: 10.4103/0377-4929.41644. PMID: 18603675. 3. Were alphafetoprotein and CA199 levels done 4. What was basis of TB diagnosis: Granuloma were reported. Was ZN stain or PCR testing done 5. Recently role of PCR based diagnosis is emerging and this should be mentioned in discussion especially XPert See: Agarwala R, Dhooria S, Khaire NS, Mishra S, Verma S, Shah J, Mandavdhare HS, Kumari S, Dutta U, Sharma V. Xpert MTB/RIF for diagnosis of tubercular liver abscess. A case series. Infez Med. 2020 Sep 1;28(3):420-424. PMID: 32920579.