

Bogotá, September 6, 2021

Sirs

Editorial office

Baishideng Publishing Group Inc.

Best regard

I am pleased to resubmit for publication the revised version of the manuscript "Tuberculous pericarditis. A silent and challenging disease. Case report" (Manuscript NO: 69229).

Coming up next, I will respond to each of your concerns as described below.

Comments from editors and reviewers:

Reviewer 1:

A. bacterial name and species should be stated in italics.

Answer: We agree with the clarification. The review was made in the article and the bacterial name and species in italics were put.

B. Abstracts should be contains of case presentation, treatment course as well as clinical outcome, thus, it can be re-writes more interesting.

Answer: We agree with the clarification. Abstract was re-write and contains the case presentation, treatment course as well as clinical outcome.

C. Core tip was missed

Answer: We agree with the clarification. Core tip was added

D. Bibliography of the manuscript need to be updated.

Answer: We agree with the clarification. The article was reviewed and the bibliography was updated.

Reviewer 2:

The case is well written and I have no major concerns. A couple of observations:

A. Provide more references relating to the prevalence of TB pericarditis in the developing countries and in Colombia also

Answer: We agree with the clarification. We added more references relating to the prevalence of TB pericarditis in developing countries, mainly in Colombia.

B. How does this case study add something new to the subject. Justify the rationale of publishing this case report in terms of any novelty in the management, or unique findings not previously documented in the literature.

Answer: Tuberculous pericarditis remains a challenge for endemic countries. On the one hand, the clinical approach is complex, given its heterogeneity; on the other, not all the

tools are always available to have an accurate approach. It must be a differential diagnosis to always be considered and studies are required to help identify risk factors, even unknown, on which it is possible to intervene and impact at the public level for their prevention.

Within the diagnostic methods in developing countries, PCR has been very useful since it is capable of identifying different nucleic acid sequences in samples with low bacilli concentrations and, in addition, it identifies resistance to rifampicin encoded in the *rpoB* gene, which can be useful in settings where the prevalence of multidrug-resistant tuberculosis is high. Finally, in recent years the performance of the immunoassay has been studied, which quantifies the release of interferon gamma (QuantiFERON®, ELISpot) for the diagnosis of pulmonary TB, extrapulmonary TB and latent TB.

Reviewer 3:

1) The abstract should contain three sections Background, case summary and conclusion.

Answer: We agree with the clarification. The abstract has been revised and modified to have the Background, case summary and conclusion sections.

2) Please mention the age gender of the patient in the case summary section of abstract it is missing in the existing abstract.

Answer: The age and gender of the patient were added in the "case summary" section of abstract.

3) Please add a core tip section elaborating the findings and suggestion you would like to provide to the readers.

Answer: We agree with the clarification. Core tip was added.

4) In the case presentation section the sentence "An electrocardiogram was realized" please change the word realized with appropriate one.

Answer: The word " realized " was changed and the new sentence was written as follows: "An electrocardiogram was done"

5) The figures should be placed after the reference section of this manuscript.

Answer: We agree. The figures were placed after the reference section of this manuscript

6) The sentence "During the hospital stance" the term stance is incorrect please change it.

Answer: We agree. The sentence " During the hospital stance " was changed and the new sentence was written as follows: "during her stay in hospital".

7) Use italics while mentioning *Mycobacterium tuberculosis* do it for entire text. If you are willing to use short form like MTB you can use it but for the first time the name should be mentioned in italics and in full form.

Answer: We agree. The manuscript was reviewed and italics while mentioning *Mycobacterium tuberculosis* were used.

8) In case presentation section “On physic examination” please correct this part.

Answer: We agree. The sentence “On physic examination” was corrected.

9) Please change the English there are few syntax within the manuscript.

Answer: The manuscript was revised and changes were made to improve the syntax.

10) Please mention since when (duration) the patient had mild symptoms related to chest before he was referred to your clinic.

Answer: The duration of symptoms related to chest pain, fever and dyspnea were clarified and added in the description of the clinical picture.

11) The basic requirement of a manuscript was not filled like the author names and their affiliations were not mentioned in the first page.

Answer: We agree. The corresponding correction was made. The author names and their affiliations were mentioned in the first page.

12) kindly try to cite latest articles.

Answer: We agree. A new database review was made and the references were updated according to the most recent articles found.

13) In the case presentation section in the sentence “Testing for the human immunodeficiency virus was negative” short form of HIV should be mentioned and not the full form.

Answer: We agree. The pertinent correction was made.

14) Two full stops are mentioned in the title the words are right but full stop could be replaced with “:” please correct it.

Answer: We agree. The pertinent correction was made.

Sincerely

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