

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72860

Title: Managing Spondylitis Tuberculosis In A Patient with Underlying Diabetes and Hypothyroidism; A Case Report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05483448

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Doctor, Senior Lecturer

Reviewer's Country/Territory: Malaysia

Author's Country/Territory: Indonesia

Manuscript submission date: 2021-10-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-07 02:26

Reviewer performed review: 2021-11-14 06:49

Review time: 7 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1 Title. The title is too lengthy and reflect no novelty. My suggestion: Managing spondylitis tuberculosis in a patient with underlying diabetes and hypothyroidism; a case report. 2 Abstract. Suggest to remove age of patient in background because repetition in case summary. Otherwise, the abstract is reflecting the work in the manuscript. Suggest to move the outcome of patient in the case summary, not in conclusion. 3 Key words. Adequate 4 Background. The introduction is well written. Case presentation is according to required journal format. 5 Discussion. The manuscript is highlighting the key points concisely and clearly. The discussion is considered comprehensive as it covers all aspect required. 6 References. Adequate and up to date.

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Reviewer's code: 05477765

Position: Peer Reviewer

Academic degree: PhD

Professional title: Assistant Professor, Senior Researcher

Reviewer's Country/Territory: Russia

Author's Country/Territory: Indonesia

Manuscript submission date: 2021-10-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-30 06:47

Reviewer performed review: 2021-12-09 19:12

Review time: 9 Days and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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SPECIFIC COMMENTS TO AUTHORS

The manuscript "Managing type-2 Diabetes Mellitus and Hypothyroidism Properly Leads to A Successful Treatment of 35 years old Spondylitis Tuberculosis Patient" by Bernadette Dian Novita and co-authors is a well-written and detailed report of the first case of the comorbidity of spondylitis tuberculosis (STB)/type 2 diabetes mellitus (T2DM)/hypothyroidism. T2DM and hypothyroidism tend to coexist together. Additionally, those comorbidities can both accelerate TB and complicate TB treatment. The authors concluded that in this case, the usage of corticosteroid drugs should be avoided due to very high plasma glucose levels. Also, early monitoring and intensive evaluation of patients with spondylitis TB, particularly with diabetes and hyperthyroidism comorbidity, is very pivotal to improve the therapy. The manuscript is interesting, written at a high level, easy to read and understand. The manuscript covers a large amount of literature data and makes a significant contribution to the systematization of knowledge. The authors have cited a large number of research articles, a significant portion of which have been published over the last five years. The manuscript may be accepted for publication after minor revision. Comments: 1. Some sentences contain typos and missing words. Please, correct them. 1) Lines 195-196: "Lymphocyte proliferation in response to activation by Antigen Presenting Cell (APC) so lymphocytes are unable to form adequate antibodies against TB." 2) Lines 98-99: "Laboratory investigation showed infection with predominant neutrophil and slight anemia normochromic normocytic." 2. It is necessary to add some references in the penultimate paragraph of the "Discussions" section. Lines 191-199: "DM affects the production of interferon γ , interleukin-12 (IL-12), as well as the proliferation of T cells.



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Interferon works to initiate the process of macrophages in killing bacteria using nitric oxide. Decreased levels of IL-12 provoke lack of leukocytes mobility (macrophages and T cells) in neutralizing infectious agents. Lymphocyte proliferation in response to activation by Antigen Presenting Cell (APC) so lymphocytes are unable to form adequate antibodies against TB. Hyperglycemia also relates humoral immune defects, deficiency of complement proteins C3, C4, and C1 inhibitors and changes to antibody formation. Thus, hyperglycemia decreases the production cytokines pro-inflammatory (Interleukin-2, interleukin-8, Tumor Necrosis Factor). Risk of EPTB amongst DM are three time higher and two times higher of anti-tuberculosis failures."