

PEER-REVIEW REPORT

Name of journal: *World Journal of Orthopedics*

Manuscript NO: 83228

Title: Subclinical ankle joint tuberculous arthritis: the role of scintigraphy - A case series

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00505859

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Indonesia

Manuscript submission date: 2023-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-13 10:27

Reviewer performed review: 2023-01-13 16:07

Review time: 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Specificity of the technetium-99m-ethambutol assay is in question. The cited studies did not include normal controls or individuals with infections other than tuberculosis. Since individuals with tuberculosis are not immune from suppurative infections, additional workup would have been appropriate - aspiration or biopsy.

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Reviewer's code: 05489378

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Indonesia

Manuscript submission date: 2023-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-20 14:49

Reviewer performed review: 2023-01-26 15:08

Review time: 6 Days

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
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors introduced a new modality for the diagnosis of osteoarticular tuberculosis in 3 cases. The method was well interpreted in the discussion. And I will suggest authors say something about the application of the method currently. On the other hand, the laboratory tests in tuberculosis need not to be focused, thus, it may be better to shorten the discussion about blood tests. Pls interpret the figures, including the X ray appearance. As for case 3, is the lung uptake shown in Figure 2c significant or just physiological uptake?

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: MD

Professional title: Associate Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Indonesia

Manuscript submission date: 2023-01-13

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2023-02-23 07:51

Reviewer performed review: 2023-02-23 14:27

Review time: 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

About the technique, I'm not sure the difference of the imaging presentation between TB infection and other inflammatory arthritis, eg. peripheral spondyloarthritis or poncet's syndrom? And what's the significance for the "negative scan" ? Please make these points more clear in the manuscript.

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Author's Country/Territory: Indonesia

Manuscript submission date: 2023-01-13

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2023-02-23 10:18

Reviewer performed review: 2023-03-10 03:05

Review time: 14 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

1. Title does reflect
2. Abstract reflects
3. Should add infectious arthritis to key words
4. Background discussed, but specificity of the technetium-99m-ethambutol assay is in question. The cited studies did not include normal controls or individuals with infections other than tuberculosis.
5. Methods adequate discussed
6. Results presumptive, not confirmed by culture or histology. Actually, x-rays are not normal. Suggest review by a skeletal radiologist
7. Adequately discussed, but Line 129 – those findings are not pathognomonic, but also found with suppurative infections. Line 173 – “at the suspected site” is erroneous if trying to identify localized bone involvement. Any uptake would have significance, independent of location. Lines ending on 191 and 192 – need citations. Specificity of the technetium-99m-ethambutol assay is in question. The cited studies did not include normal controls or individuals with infections other than tuberculosis.
8. Adequate illustrations
9. Biostats – n/d
10. Units – CRP needs clarification.
11. References – reasonable.
12. Organization – reasonable
13. Presumptive, not definitive as seemingly suggested