

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81862

Title: Soft tissue tuberculosis detected by next-generation sequencing: A case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03397507

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Editor, Assistant Professor, Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-11-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-26 21:37

Reviewer performed review: 2022-11-27 04:03

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 type="checkbox"/> Grade D: Fair <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SPECIFIC COMMENTS TO AUTHORS

The authors have presented a case report entitled “Soft Tissue Tuberculosis Detected by Next-Generation Sequencing: A Case Report and Literature Review”. I have few concerns: 1. In the present case, the acid-fast stain (AFS) in the surgical specimen was positive and pathological finding was compatible for tuberculosis (TB). These findings can reach the diagnosis of TB. Why do you perform NGS? 2. What is the standard process in such case which TB could not be ruled out? In my opinion, AFS and TB culture should be routinely performed for the surgical specimen, and TB PCR should be further applied in AFS positive case. If no positive results, NGS has its role in this situation. 3. The authors mentioned NGS has a low cost in the introduction. What is the cost of AFS, culture, PCR, and NGS in your organization? The authors should provide the information. 4. The treatment periods were only 3 months. What was the decision based on? The treatment seemed not follow the TB treatment guideline. 5. The Certificate of English Editing was insufficient. The authors should provide the official certificate of what organization performing the English Editing.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03604107

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Albania

Author's Country/Territory: China

Manuscript submission date: 2022-11-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-30 17:33

Reviewer performed review: 2022-12-03 14:12

Review time: 2 Days and 20 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
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
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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

This is a very good paper of an important issue, and of a particular case. I have some minor concerns to raise, that might be addressed easily:

1. It is hard to believe that an extrapulmonary TBC would heal / improve with three months regimen of INH etc. Furthermore, please specify exactly what kind of regimen was used: any quinolones ? Guidelines suggest a longer treatment than three months, however: please consult and quote relevant sources.
2. Figure 1 has very interesting data, so I find it very confusing and of no help to mix up all images together. Kindly produce separately: ---a MRI image of the thigh, with explanations, sequences used, (gadolinium enhancement ?) ---the intraoperative / surgical image
3. What about the nodules in the thorax CT ? Then the case was not a merely extrapulmonary TBC.... In such a setting, a three-months regimen would even be more inadequate to ensure healing.