

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 32011

**Title:** Abdominal tuberculosis: Is there a role for surgery?

**Reviewer's code:** 00506525

**Reviewer's country:** Mexico

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2016-12-27

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

1. Figures 1-3 are not mentioned in the text. Please include them.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 32011

**Title:** Abdominal tuberculosis: Is there a role for surgery?

**Reviewer's code:** 00152127

**Reviewer's country:** India

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2017-01-04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Duplicate publication	publication
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	language polishing	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

1. the surgical aspects in Abdominal Tb needs to be written more in detail, may be in a separate paragraph 2. the authors should insert a diagnostic algorithm (flow chart) for Abdominal Tb based on the current evidence in literature. 3. the manuscript needs editing for any repetitions of facts/ lines

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 32011

**Title:** Abdominal tuberculosis: Is there a role for surgery?

**Reviewer's code:** 00735706

**Reviewer's country:** Malaysia

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2017-01-07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

1. The manuscript is dealing with important subject of intestinal tuberculosis. 2. The authors should write about the challenges of early diagnosis in conclusion and also in abstract. 3. The authors should also mention in methods as to why meta-analysis of the data was not possible.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 32011

**Title:** Abdominal tuberculosis: Is there a role for surgery?

**Reviewer's code:** 00214386

**Reviewer's country:** Indonesia

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2017-01-08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is an interesting and important article, discussing the importance of managing abdominal tuberculosis with anti-tuberculosis drug and reserve surgery only for abdominal complication and not responding to medical management. This article endorse the surgeon to be aware of wide range of clinical manifestation and should have a high clinical suspicion for patients with chronic abdominal symptoms. Unfortunately, the similar article was already published recently in: (e.g) 1. Uma Debi, Vasudevan Ravisankar, Kaushal Kishor Prasad, Saroj Kant Sinha, Arun Kumar Sharma. "Abdominal tuberculosis of the gastrointestinal tract: Revisited" World J Gastroenterol 2014 October 28; 20(40): 14831-14840. 2. Pravin Rathi, Pravir Gambhire. Abdominal Tuberculosis Journal of The Association of Physicians of India. Vol. 64, February 2016; 38-47. Some inputs; 1. The author strongly suggested to review those two articles above. 2. The title of this article is focus on a role for surgery, the author suggest to give more portion for management subtopic. 3. The role of laparoscopy in diagnosis of abdominal tuberculosis was published in; Saxena P et al. Int Surg J. 2016 Aug;3(3):1557-1563. I think this article is



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important as laparoscopy is a minimally invasive procedure and allowing peritoneal biopsy to establish a histological diagnosis. To make message of this article stronger, I suggest the author to compile the results of other researcher in a table comparing the clinical outcome of abdominal tuberculosis managed by surgery or laparoscopy and administration of anti-tuberculosis drugs. 4. Beside input number 3 above, a new algorithm emphasizing the importance of joint management of abdominal TB between surgeon and infection physician should be generated as a novelty of this article.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 32011

**Title:** Abdominal tuberculosis: Is there a role for surgery?

**Reviewer's code:** 02450486

**Reviewer's country:** Germany

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2017-01-16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This review addresses an interesting if somewhat niche topic. However, in my opinion some aspects of state-of-the-art care of abdominal TB are not adequately addressed in the paper. These include molecular diagnostics, drug resistance and the possibilities of advanced imaging modalities. I would also argue that in a setting where maximum resources are available the role of surgery is even more limited than what the authors suggest. Thus, my main criticism and recommendation would be to make clearer what statement pertains to the maximum as opposed to the limited resource setting. Some more specific points are given below. Major points 1) The authors propose three types of indications for surgery in TB. I disagree that creation of anastomoses to bypass affected parts of bowel is advisable. Radical resections to cure a systemic infection should also be a very rare indication for surgery given that effective medical options are available. Finally, residual strictures should not be operated on based on percent luminal narrowing but based on function. Moreover, if endoscopic intervention is possible this will usually be preferable as it is non-invasive. 2) The authors state in the section on

diagnosis that “an algorithm of these diagnostic methods lead to considerably higher precision in the diagnosis of this insidious disease.” It would be interesting to know how this algorithm looks and how it has been validated. 3) The authors claim that “In light of new evidence, peritoneal biopsy through laparoscopy has emerged as the gold standard for diagnosis.” without citing that evidence. Likewise, it is not accurate to claim that for percutaneous liver biopsy “the diagnostic yield may be less than 10%”. In fact, abdominal TB has a multitude of possible presentations and requires a diagnostic approach adjusted to the individual presentation. This approach should be as little invasive as possible and be based on the best available imaging. 4) At several points the authors paint an inappropriately bleak picture of the prognosis of TB in HIV-infected individuals. It should be clarified that this is strongly dependent on whether anti-retroviral therapy is available. Minor points Interferon-gamma release assay should be described as a diagnostic modality. Likewise, the importance of resistance testing by culture and/or molecular methods should at least be mentioned. The recommended drug treatment of abdominal TB is not just similar to pulmonary TB it is identical. The sentence “Although TB resistance is a growing problem in the endemic areas, whole genome sequencing (WGS) has become an essential tool for drug development by enabling the rapid identification of resistance mechanisms” does not make sense and seems out of place in this review. It should be clarified or omitted.