



REVIEWER'S REPORT

Manuscript No.: IJAR-57532

Title: Tuberculous tenosynovitis of the wrist: diagnostic and therapeutic management of a rare case

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality		√		
Clarity		√		
Significance		√		

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

Overall Evaluation

WHERE IS ABSTRACT, KEW WORDS, REFERENCES.

The manuscript presents a clinically relevant case of tuberculous flexor tenosynovitis of the wrist in a young woman managed successfully with combined surgical and anti-tuberculous therapy. The topic is important because tuberculous tenosynovitis is an uncommon extrapulmonary manifestation often associated with delayed diagnosis. The manuscript is generally well organized and readable; however, originality is limited because similar case reports have already been widely published. Several methodological and scientific details are insufficiently described, and the discussion requires stronger literature comparison.

Strengths

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1. ****Clinically Relevant Topic****

*** Tuberculous tenosynovitis is rare and frequently misdiagnosed, making the case educational for clinicians practicing in endemic regions.**

2. ****Clear Clinical Presentation****

*** The manuscript adequately describes the patient's symptoms, MRI findings, operative findings, histopathological confirmation, and treatment course.**

3. ****Good Surgical Description****

*** Intraoperative identification of rice bodies and synovectomy adds educational value.**

4. ****Logical Structure****

*** The article follows a standard case report format with introduction, case presentation, discussion, and conclusion.**

5. ****Combined Medico-Surgical Management****

*** Demonstrates successful multidisciplinary treatment with favorable postoperative outcome.**

Weaknesses

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1. ****Limited Novelty****

* Similar case reports of wrist tuberculous tenosynovitis have already been published extensively in the literature.

2. ****Insufficient Literature Review****

* The discussion lacks comparison with previously reported cases and does not adequately highlight what makes this case unique.

3. ****Lack of Detailed Diagnostic Workup****

* Important investigations are missing:

* ESR/CRP values

* Tuberculin skin test or IGRA

* Ziehl–Neelsen staining

* PCR/GeneXpert results

* Culture findings

4. ****Incomplete Treatment Details****

* Duration of anti-tuberculous therapy is not specified clearly.

5. ****Short Follow-Up Information****

* Functional outcome assessment and recurrence monitoring are insufficiently described.

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6. ****Language and Scientific Style****

* Several statements are generic and resemble standard textbook descriptions rather than analytical discussion.

7. ****Figures Not Explained****

* Figure legends and imaging descriptions are absent.

Key Points for Improvement

Major Revisions Required

1. Improve Novelty

* Clearly state:

- * Why this case is unique
- * Any unusual MRI findings
- * Presence of extensive rice bodies
- * Diagnostic delay
- * Surgical challenges
- * Functional recovery details

2. Expand Literature Review

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* Include:

- * Recent references (2020–2025)
- * Comparative table of previously reported cases
- * Differences in presentation and management

3. Add Missing Diagnostic Details

* Include:

- * Laboratory parameters
- * Microbiological findings
- * Histopathology images
- * Differential diagnoses considered

4. Improve Discussion

- * Compare findings with published studies.

* Discuss:

- * differential diagnosis,
- * role of MRI,
- * importance of histopathology,
- * risk of recurrence.

5. Enhance Figures

* Add:

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- * MRI images,
- * intraoperative rice body photographs,
- * histopathology micrographs,
- * detailed captions.

6. Language Revision

* Moderate English editing is recommended to improve scientific style and reduce repetitive wording.

Scientific Significance

The manuscript has ****moderate clinical significance**** because it highlights:

- * the diagnostic difficulty of extrapulmonary tuberculosis,
- * importance of MRI and histopathology,
- * role of combined surgical and medical management.

However, scientific novelty is limited due to the large number of previously published similar reports.

Originality Assessment

Parameter	Assessment
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Novelty	Moderate to Low

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Clinical Relevance	Good	
Educational Value	Good	
Scientific Depth	Moderate	
Literature Support	Insufficient	
Publication Priority	Moderate	

Recommendation

****Major Revision****

The manuscript may become suitable for publication after substantial revision addressing:

- * originality concerns,
- * literature comparison,
- * diagnostic details,
- * follow-up data,
- * and figure presentation.

At present, the article is educational but lacks sufficient novelty and analytical depth for acceptance in its current form.

Justification for Major Revision

Manuscript Title:

"Tuberculous Tenosynovitis of the Wrist: A Rare Case Report"

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Line No.	Issue Identified	Reason for Major Revision
3	"Tuberculosis remains a major public health problem" is too generic	Introduction lacks originality and recent epidemiological data or references. Needs updated statistics and stronger scientific context.
4-5	General statement regarding musculoskeletal TB	No citation or comparative prevalence data provided. Requires supporting literature and recent references.
6-7	Description of wrist involvement and delayed diagnosis is superficial	Discussion of diagnostic difficulty is insufficient and lacks literature comparison with previous case reports.
9-14	Diagnostic and treatment overview is textbook-like	Paragraph is descriptive rather than analytical. Does not explain why this specific case is clinically unique.
16-17	Case novelty not highlighted	Authors fail to explain the unique contribution of this case to existing literature, reducing scientific originality.
20-23	Incomplete patient history	Important details missing such as occupation, comorbidities, immunological status, trauma history, HIV status, diabetes, or TB contact screening.
21	"evolving over several months" is vague	Exact duration of symptoms is necessary for clinical interpretation and reproducibility.
22-23	Constitutional symptoms absent	Differential diagnoses are not discussed despite nonspecific presentation.
25-27	Clinical examination insufficiently detailed	No measurements of swelling, tendon involvement severity, neurological examination details, or functional scoring provided.
29	"mild inflammatory syndrome" not quantified	ESR, CRP, leukocyte count, and laboratory values should be reported numerically.
29-30	Radiographic findings poorly described	Authors should explain why X-ray findings were negative and how MRI contributed diagnostically.
30-32	MRI description incomplete	MRI sequences, signal characteristics, enhancement patterns, and differential diagnosis considerations are missing.
34-36	Surgical findings inadequately detailed	Surgical procedure description lacks technical details including tendon integrity, extent of synovectomy, and intraoperative complications.
35	Rice bodies mentioned without quantification or image correlation	Requires photographic documentation and literature comparison regarding clinical significance.

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Line No.	Issue Identified	Reason for Major Revision
36– 37	Bacteriological analysis mentioned but results absent	Culture findings, Ziehl–Neelsen stain, PCR/GeneXpert results, and microbiological confirmation are missing.
39– 40	Histopathology description incomplete	Histological findings are brief and lack microscopic image description or differential exclusion.
42– 44	Anti-tuberculous regimen incomplete	Duration of intensive and continuation phases not clearly stated according to guidelines.
46– 47	Follow-up insufficient	No duration of postoperative follow-up, recurrence assessment, or functional outcome scoring provided.
49– 51	Discussion repeats textbook information	Discussion lacks critical analysis and comparison with published literature.
53– 55	MRI role insufficiently analyzed	Authors do not discuss sensitivity, specificity, or limitations of MRI in diagnosing tuberculous tenosynovitis.
57– 59	Rice body discussion too brief	No explanation of differential diagnoses associated with rice bodies such as rheumatoid arthritis or fungal infections.
61– 63	Treatment section lacks evidence-based discussion	No comparison between conservative versus surgical management approaches in previous studies.
65– 66	Functional outcomes generalized	Outcome claims are unsupported by objective assessment tools or long-term monitoring.
68– 73	Conclusion overly generic	Conclusion mainly repeats established knowledge and does not emphasize novel contribution of the present case.
74– 86	Figures lack legends and descriptions	Absence of figure captions, imaging explanations, histopathological annotations, and figure quality assessment significantly weakens scientific presentation.

Overall Reasons for Major Revision**1. Limited Novelty**

Similar wrist tuberculous tenosynovitis cases have already been extensively reported in literature.

Manuscript does not sufficiently demonstrate unique scientific contribution.

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2. Incomplete Diagnostic Data

Important laboratory, microbiological, imaging, and histopathological details are missing.

3. Weak Discussion

Discussion lacks depth, critical analysis, and comparison with recent published studies.

4. Insufficient Follow-Up

Long-term outcomes and recurrence evaluation are absent.

5. Poor Figure Presentation

Figures are not labeled or scientifically explained.

6. Need for Language and Scientific Edit

Several sections contain generic textbook-style wording and repetitive statements.

Final Reviewer Recommendation

Decision: MAJOR REVISION

Justification:

Although the case is clinically relevant and educational, the manuscript requires substantial revision to improve:

originality,

scientific depth,

literature integration,

diagnostic completeness,

figure quality,

and analytical discussion

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before it can be considered suitable for publication.