



ISSN NO. 2320-5407

ISSN(O): 2320-5407 | ISSN(P): 3107-4928

# International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

## REVIEWER'S REPORT

Manuscript No.: IJAR-57532

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

**Recommendation:**

Accept after minor revision.....

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

Reviewer's ID: JPR-198

### *Detailed Reviewer's Report*

An adequately written case report describing a single case of tuberculous tenosynovitis in a 32-year-old Moroccan woman, managed successfully with surgery and anti-tuberculous chemotherapy. The topic is clinically relevant and appropriate for a medical case report format, but the manuscript is underdeveloped in several respects.

**Major Comments**

1. The duration of symptoms is vaguely described as "several months" — the exact timeline from symptom onset to diagnosis should be specified, as diagnostic delay is a central issue the authors themselves raise.
2. Inflammatory markers (ESR, CRP) are mentioned only as "mild" without values.
3. The tuberculin skin test (TST) and/or IGRA result, chest imaging findings, and HIV status are not reported, all of which are standard workup elements in extrapulmonary TB and must be included.
4. **Treatment protocol is incomplete.**
5. The authors state the standard four-drug intensive phase regimen but do not specify dosages, total treatment duration, or follow-up period.

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6. The functional outcome is described as "favorable" without any objective measure — range of motion values, grip strength, or validated functional scores (e.g., DASH, PRWE) should be provided.
7. The manuscript states specimens were sent for both histopathological and bacteriological analysis, yet only histology results are presented. Culture results, AFB smear findings, and drug sensitivity testing outcomes are completely absent — a significant omission that weakens the diagnostic narrative.
8. **No abstract is present.** This is a basic structural requirement for any journal submission.

### Minor Concerns

9. The discussion is superficial and largely restates what is already established in the literature without meaningfully contextualizing this case.
10. The authors claim the condition is "rare" but provide no epidemiological data to support this.
11. Figure legends are absent — each figure is simply labelled "Figure 1" through "Figure 6" with no descriptive text. Figures 2 and 3 appear nearly identical and one should be removed or their distinction clearly explained.
12. The MRI images (Figures 1 and 6) are photographed from a screen/printout rather than submitted as proper DICOM-derived images, which is unacceptable for publication.
13. A patient consent statement is missing.