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REVIEWER'S REPORT

Manuscript No.: IJAR-58873

Title: Clinical Spectrum, Etiological Profile, and Antifungal Susceptibility Pattern in Onychomycosis.

Recommendation:

Accept as it is .....
✓ Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

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

Reviewer Name: Dr S. K. Nath

Detailed Reviewer's Report

Strength of the study:

- The topic is clinically relevant and useful in dermatology
- The study includes 104 patients with suspected onychomycosis
- Clinical patterns are systematically documented
- Direct microscopy and fungal culture were used
- Different fungal groups and individual isolates were identified
- Antifungal susceptibility was assessed for four commonly used drugs
- The study reports clear demographic and clinical findings
- Study limitations are appropriately acknowledged

Weakness of the study:

- The study is from a single tertiary care centre
- The sample size is relatively small
- Details of the susceptibility testing method are insufficient
- Culture was positive in only 53 percent of participants
- No treatment response or follow up data were included
- Clinical outcomes cannot be directly linked with susceptibility findings
- Some discussion statements are speculative
- Ethical approval is not clearly identified by committee name or approval number

Reviewers Comments:

The manuscript addresses a relevant clinical problem and provides useful information on the clinical patterns, fungal organisms and antifungal susceptibility of onychomycosis. The use of potassium hydroxide microscopy, fungal culture and organism identification adds value to the study. Terbinafine showed the highest in vitro sensitivity among the tested agents, which is an important finding. The study reports that ethical standards were followed and written informed consent was obtained, but the specific Institutional Ethics Committee name or approval number should be provided for clarity. The main limitations are the single centre setting, modest sample size, lack of treatment follow up and use of susceptibility testing only among culture positive isolates. The writing is generally understandable, although some grammar, spacing and formatting require correction. Overall, the manuscript has practical value and can be considered after minor improvements and clearer methodological reporting.

Previously Published anywhere/Plagiarism check:

No clear indication of previous publication is evident from the submitted manuscript. The work appears to report original observations from 104 patients studied during 2022 to 2023. However, previous publication cannot be confirmed from the manuscript alone. A formal plagiarism and similarity check should be completed by the journal before acceptance.