

REVIEWER'S REPORT

Manuscript No.: IJAR-59331

Title: MENINGEAL TUBERCULOSIS: A DIAGNOSTIC CHALLENGE. A CASE REPORT.

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:

- Important and clinically relevant condition
- Clear description of the patient's presentation
- Progressive neurological deterioration is well documented
- Differential diagnoses are appropriately discussed
- MRI findings are presented with figures
- CSF findings are reported
- Xpert MTB/RIF provided microbiological evidence
- Rifampicin resistance was identified
- Clinical timeline is useful
- Relevant diagnostic and treatment literature is cited

Weakness of the study:

- Institutional ethical approval is not reported
- Written consent for case publication is not mentioned
- Patient outcome after treatment is not provided
- Drug susceptibility confirmation is not described
- Management of rifampicin resistance requires clarification
- CSF findings are not fully typical for tuberculous meningitis
- Some dates differ between the text and timeline table
- Neurological and radiological follow up is absent
- Important investigations are incompletely reported
- Grammar and formatting require correction

Reviewers Comments:

This case report presents an important diagnostic challenge involving tuberculous meningitis in a young malnourished patient. The clinical progression, differential diagnoses, MRI findings and positive CSF Xpert MTB/RIF result provide useful clinical information. However, major revision is required. Ethical clearance and written informed consent for publication are not reported and should be clearly documented. Since rifampicin resistance was detected, the manuscript should provide further information regarding confirmatory drug susceptibility testing and the rationale for the antituberculosis regimen used. The clinical significance of the relatively low CSF protein and glucose findings should also be discussed. Most importantly, there is no meaningful follow up after initiation of treatment, so the patient's neurological and radiological outcome cannot be assessed. The timeline contains some date inconsistencies that should be corrected. The authors should also clarify whether other investigations for tuberculosis and alternative infections were performed. Grammar, sentence construction, terminology and formatting need careful editing. Overall, the case is clinically valuable but requires substantial revision.

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Previously Published anywhere/Plagiarism check:

An exact search for the title did not identify the same case report. However, several published reports describe tuberculous meningitis as a diagnostic challenge, including cases involving atypical presentations and differential diagnoses. The present case appears potentially distinct because of the young malnourished patient and rifampicin resistance, but a formal similarity check is recommended before publication.