

REVIEWER'S REPORT

Manuscript No.: IJAR-59520

Title: A challenging case of Hodgkin lymphoma mimicking tuberculosis in a young female patient: 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:

- Presents an important case of Hodgkin lymphoma initially misdiagnosed as tuberculosis.
- Describes prolonged treatment without clinical improvement.
- Includes MRI, CT and PET-CT imaging findings.
- Reports negative tuberculosis investigations and GeneXpert results.
- Uses histopathology and immunohistochemistry to confirm the diagnosis.
- Highlights the diagnostic value of CD15 and CD30 markers.
- Demonstrates clinical and radiological improvement following chemotherapy.
- Discusses the importance of early reconsideration of alternative diagnoses.

Weakness of the study:

- Details of the initial biopsy and original tuberculosis diagnosis are limited.
- The exact chemotherapy regimen and treatment duration are not reported.
- The final lymphoma stage requires clearer documentation.
- The neurological outcome and long-term follow-up are insufficiently described.
- The relationship between pulmonary lesions and lymphoma needs clarification.
- Patient consent and ethics approval or exemption are not reported.
- Several grammatical and terminology errors affect readability.
- Reference formatting and some clinical statements require verification.

Reviewers Comments:

This case report describes a clinically important diagnostic challenge in which Hodgkin lymphoma was initially treated as tuberculosis for 18 months without improvement. The use of imaging, repeat biopsy and immunohistochemistry provides a useful account of how the final diagnosis was established. The manuscript highlights the importance of reconsidering alternative diagnoses when tuberculosis treatment fails and repeated microbiological investigations remain negative. However, the authors should provide more details about the initial biopsy, the basis for starting antitubercular treatment, the definitive lymphoma classification and staging, and the chemotherapy regimen. The reported spinal involvement and neurological signs require clearer documentation of the subsequent clinical outcome. The relationship between the pulmonary abnormalities and the lymphoma should also be explained. Written consent for publication and the applicable ethics approval or exemption should be clarified. The manuscript contains several grammatical errors, awkward expressions and inconsistent medical terminology that require careful editing. Overall, the case has educational value, but substantial clarification and revision are needed before publication.

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Previously Published anywhere/Plagiarism check:

Hodgkin lymphoma mimicking tuberculosis has been described in previous case reports and clinical publications, including reports of granulomatous findings and delayed lymphoma diagnosis. The manuscript cites related literature, but the presence of similar clinical themes does not establish plagiarism. A definitive assessment of originality cannot be made from the manuscript alone. The authors should verify that the case has not been published previously and ensure that all borrowed text, clinical concepts and figures are appropriately attributed. A formal similarity check is recommended before acceptance.