Reviewer's report

Title: CT Features In Abdominal Tuberculosis : 20 Years Experience

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Reviewer: Dr Manpreet Gulati

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Accept after discretionary revisions

A. Abstract:
1. In the "Background" section, it would be important to bring out the purpose of the study. For e.g.
"Since has the ability to...... and is being increasingly used for primary evaluation, it is important to be 
familiar with....
2. In the "Material & Methods" section it would be important to mention whether these were consecutive 
patients and the years of the study. It is probably not necessary to mention the name of the hospitals as 
this would be obvious from the affiliations of the authors. It is necessary to say whether there were any 
HIV patients among these. If not then I feel that it should be mentioned that tuberculosis in HIV is out of 
scope of this article and were not included.
3. The results should mention details beyond the percentage distribution of organ involvement.

B. Introduction is fine, but again it needs to be mentioned as to what all organic involvement has been 
included in the term "Abdominal Tuberculosis". For eg. the authors have not included renal involvement. 
Cases of AIDS with TB have not been included and that needs to be specifically mentioned as in the 
literature it has been documented that TB in AIDS can look quite different. Since this article is not 
exactly a pictorial essay, it would be wrong to say that "A spectrum of appearances from ....". It would be 
correct to say that "We would like to share our data on proven cases of abdominal tuberculosis over the 
last 20 years etc.."

C. Materials & Methods: In this section, since it is a retrospective analysis, it would be in order to 
mention how many radiologists looked at the cases, and did they agree on all findings. What happened 
when they did not and was a third radiologist involved or was it by consensus. Please do not mention 
the names of the hospitals. The authors mention about how the diagnosis was achieved. Since it is an 
article and not a pictorial essay it is important to mention the percentage distribution of the methodology 
used to achieve the diagnosis. The cases diagnosed presumptively which responded favorably on drugs 
should be as minimum as possible.

D. Results:
1. In the results, it would be useful to organize under several heads of the various types of organic involvement. For eg. - GIT, lymph nodal, peritoneal, mesenteric and omental, and solid organ (oe more specifically hepatobiliary, splenic and pancreatic, complications). A single case of renal involvement would serve to dilute the whole issue and probably not be included with a note at the beginning that genitourinary tuberculosis merits a separate deal. 
2. There is much repetition between the results section and what is given in the tables. Please ensure that this does not occur. I feel that Table 1 can be deleted and the salient symptoms can be mentioned in the text form. 
3. What about the pattern of lymph node involvement in the form of internal enhancement? 
3. In how many cases had a combination of findings (peritoneal, GIT, nodal etc.).

E. Discussion: 
1. In the discussion it can be brought out where CT scores over luminal modalities like barium studies. Although, I know that this has not been studied in this present article, but this can be used to justify the use of CT in the present situation and why people are using CT a lot these days. A short review from literature in this regard would be useful. 
2. Please use more paragraphs to organize the results effectively including that for complications.

F. Figures: One could use better quality professional arrows and more arrows to point out various structures. 

Competing interests:

Although significant amount of revision would be required, I feel that this article would be of interest radiologists as well as physicians as it give details of imaging appearances of a disease which we now have to deal with quite frequently. I would accept it.