Reviewer’s report

Title: CT Features In Abdominal Tuberculosis : 20 Years Experience

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Reviewer: Prof Okan Akhan

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

Review for BMC

Manuscript N :
Reviewer: Okan Akhan

Title:

CT Features In Abdominal Tuberculosis : 20 Years Experience'

Abstract: OK

. Objective

. Materials and Methods

. Results

. Conclusion

Keywords:
1. Keywords should be indicated.

Introduction: OK
Material and Methods:
1. Which kind of CT was used? Conventional or Spiral or Multidetector?
2. The authors say that the case records were analysed according to CT findings. Do you really think that case records are enough to review the CT features of the patients with abdominal TB?

Results:
1. Information of the patients should be removed to "Materials and Method" section
2. Peritoneum and its reflections are subject to various degrees of involvement during the course of the disease. Therefore, the radiological features of peritoneum, greater omentum, and small bowel mesentery with or without ascites should be reviewed under the title of "tuberculous peritonitis".
3. Radiological features of Lymphadenopathy (involvement types?) and Solid organ involvement (types and features?) and GIS involvement should be mentioned with details.

Discussion:
1. The authors say that three types of peritoneal TB are described. Are they radiological classification? or are they clinical or pathological? I think this classification does not seem accurate enough to reflect all combinations of radiological features demonstrated by imaging modalities, as peritoneum, greater omentum, and small bowel mesentery with or without ascites are subject to various degrees of involvement over the course of tuberculous peritonitis.
2. Importance of Ultrasonography in delineating septa formation in ascites should be emphasized.
3. Peritoneal mesothelioma should be mentioned in the differential diagnosis of complex ascites.
4. CT signs of abdominal involvement should be discussed in detail.

References:
I think the authors may find helpful to some of the papers indicated below.

Figures and Tables:
1. Some examples of solid organ involvement should be added.
2. Fig 7 can be deleted.

Statement: I think this paper should be accepted for publication after revision request indicated above.

Competing interests:
None declared.