**Name of journal:** World Journal of Clinical Cases  
**Manuscript NO:** 93556  
**Title:** Gastrointestinal tuberculosis: Diagnostic approaches for this uncommon pathology  
**Provenance and peer review:** Invited Manuscript; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 00503545  
**Position:** Editorial Board  
**Academic degree:** MD, PhD  
**Professional title:** Director, Doctor  
**Reviewer’s Country/Territory:** Japan  
**Author’s Country/Territory:** United Kingdom  
**Manuscript submission date:** 2024-02-29  
**Reviewer chosen by:** Ji-Na Wang (Quit 2024)  
**Reviewer accepted review:** 2024-04-26 07:29  
**Reviewer performed review:** 2024-04-29 08:49  
**Review time:** 3 Days and 1 Hour

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<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[Y] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[ ] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
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<td>Novelty of this manuscript</td>
<td>[ ] Grade A: Excellent</td>
<td>[Y] Grade B: Good</td>
<td>[ ] Grade C: Fair</td>
<td>[ ] Grade D: No novelty</td>
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<td>Creativity or innovation of this manuscript</td>
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<td>[Y] Grade C: Fair</td>
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SPECIFIC COMMENTS TO AUTHORS
In this editorial, the authors responded to a recently published case report entitled “Primary gastroduodenal tuberculosis presenting as gastric outlet obstruction” and reviewed the current state of the art with regards to diagnosis in abdominal tuberculosis (TB). This paper is well written and provides an update on diagnostic tests and approaches available. However, the authors should address the following points. Major 1. I recommend that the authors show the typical endoscopic findings of TB (transverse ulcers, nodules with inflammatory changes of surrounding mucosa, and etc.) and Crohn’s disease (longitudinal ulcers, cobblestone appearance, and etc.) in the section of Endoscopy. 2. I suggest that the authors summarize the effective microbiological tests for the diagnosis of TB in a Table. Minor 1. What is “AFB staining (p5, line 15)”?