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72860	2022-06-16 01:10	Xiang Li	Production Department Director	The manuscript has been assigned to production editor.							
72860	2022-06-15 17:00	Li Ma	Science Editor; Editorial Office Director; Company Editor-in-Chief	All documents of the manuscript have met the publication requirements of the World Journal of Clinical Cases, and the manuscript is given final acceptance for publication. We will arrange the manuscript production. As the manuscript has been finally accepted, the following rules apply without exception in this proofreading process: (1) We do not allow the manuscript title to be changed; (2) We do not allow the order of authors to be changed, the authors and corresponding authors to be changed or deleted, or for any new authors to be added; (3) We do not allow any funding agency or grant number to be added or deleted; (4) We do not allow the manuscript text to be added or deleted; (5) We do not allow any figures or tables to be added or deleted; (6) We do not allow manuscript references to be added or deleted; and (7) We do not allow any part of the manuscript to be revised after formal online publication.							
72860	2022-06-13 16:34	Yan-Xia Xing	Science Editor	1 Peer-Review Report: The authors revised the manuscript according to the Peer-Review Report. 2 In Press: I have updated the In-Press information, including the title, running title, author information, open-access, copyright, core tip, key words, and the	6538-72860-Scientific editor work list.pdf						

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72860	2022-06-13 14:28	Yan-Xia Xing	Science Editor	<p>I have completed the editing of the manuscript and sent the edited manuscript file to the author(s) for proofreading. The author(s) replied that there is no need to change the manuscript. Please see the remarks for the content of the reply and the attachment for the email record of communication with the author(s). (recipient D., dr. Bernadette Novita 发给 y.x.xing@wjgnet.com, ari.christy.m, sumi, clarissaprofitia, yudy.tjahjono, vincentiusdiamantinosupit77, michaelwillianto 隐藏信息 2022-06-10 18:53 发件人: D., dr. Bernadette Novita 收件人: y.x.xing@wjgnet.com</p>	9489-Re_Re_Proofreading Notice of the Final Version of the Second Decision of Manuscript NO. 72860.eml					
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72860	2022-06-12 06:26	Yan-Xia Xing	Science Editor	Please upload the primary version (PDF) of the Informed Consent Form (Surgical procedures or other) that has been signed by the patients in the study, prepared in the official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.		Bernadette Dian Novita	First Author	Dear Editor, Herewith attached the informed consent from patient Regards, Dian Novita	6722-informed consent.pdf	2022-06-14 05:08	Reply
72860	2022-06-12 03:39	Yan-Xia Xing	Science Editor	In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information. The accepted formats are mp3 or wma.		Bernadette Dian Novita	First Author	Dear Editor, herewith as attached the audio of 72860's core tip. hope it fit you Best Regards, Bernadette Dian Novita, MD., PhD	0437-72860 audio core tip.mp3	2022-06-14 23:00	Reply
72860	2022-06-08 03:19	Tian-Qi Wang	Language Editor	The edited manuscript has been confirmed by the author(s).							
72860	2022-05-23 07:11	Yan-Xia Xing	Science Editor	The manuscript has been sent to an English language editor for language polishing.							
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72860	2021-12-27 07:14	Jin-Lei Wang	Company Editor-in-Chief	I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment. For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. Before final acceptance, uniform						

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Name of Journal:

World Journal of Clinical Cases

Manuscript Title:

Managing spondylitis tuberculosis in a patient with underlying diabetes and hypothyroidism: A case report

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Novita BD et al. Managing spondylitis TB with T2DM and hypothyroidism

Country/Territory:

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Manuscript Source:

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Manuscript Scope:

Clinical Practice

Category:

Infectious Diseases

Manuscript Type:

Case Report

Abstract:

BACKGROUND: Tuberculosis (TB) remains one of highest Asia's health problems. Spondylitis TB in Diabetes Mellitus (DM) and hypothyroidism patients was a rare case of extrapulmonary tuberculosis. However, there is a lack of therapeutic guidelines to treat Spondylitis TB, particularly with type-2 DM and hypothyroidism as comorbidity. In this manuscript, we present a Spondylitis TB case with a relatively young patient (30 years old male), with type-2 DM and hypothyroidism comorbidity and its therapeutic procedure.

CASE PRESENTATION: We report the case of a 30 years old male patient from Surabaya-Indonesia. Based on anamnesis, physical examination, and MRI, the patient has been categorized in stage II of spondylitis TB with grade 1 paraplegia. Surprisingly, patient also got high HbA1c level, high TSH and low Free T4 (FT4), indicates type-2 DM and hypothyroidism. A granulomatous process was observed in the histopathological section. Antituberculosis drugs isoniazid (INH) and rifampicin (RIF) were given. In addition, Insulin, Empagliflozin, and Linagliptin were given to control hyperglycemia conditions, and also levothyroxine to control hypothyroidism.

CONCLUSION: The outcome was satisfactory. The patient was able to do daily activities without pain and maintained normal glycemic and thyroid levels. Related to this case, we recommend the treatment of spondylitis TB-patient with spinal surgery, combined together with type-2 DM and hypothyroidism therapy to improve the patient's condition. Prompt early- and non-invasive diagnoses and therapy are necessary.

Key Words:

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Core Tip:

Mycobacterium tuberculosis is an infectious pathogen that causes pulmonary and extrapulmonary tuberculosis. We herein present a case of spondylitis tuberculosis in a 35-year-old patient with diabetes mellitus and hypothyroidism that had just known when the patient was hospitalized. Mycobacterium tuberculosis was isolated from both the capsule and pus of the surgically excised abscess in the spinal cord at T9-10 levels. This case highlights the ultimate importance to do prompt early and non-invasive diagnoses and therapy in extrapulmonary tuberculosis.

Cover Letter:

Dear Editor World Journal of Clinical Cases

Please find enclosed our manuscript entitled "Managing type-2 Diabetes Mellitus and Hypothyroidism Properly Leads to A Successful Treatment of 30 years old Spondylitis Tuberculosis Patient".

In this manuscript, we report about spondylitis tuberculosis in patient with type-2 diabetes mellitus and hypothyroidism. We also discuss about pathophysiology, how to manage this case and how necessity treating comorbid condition. This study was approved by Widya Mandala Surabaya's Health Research Ethics Committee Ref no: 143/WM12/KEPK/DOSEN/T/2021. Informed consent was obtained from the patient and the case was registered in CARE <https://app.care-writer.com/public/03d2ac18-e1e5-44e4-b122-4cd6bb594ebb>.

Moreover, we would like to state that this manuscript has never been submitted to other journals and we hope that this review article fits the journal scope and its standard quality to be considered for publication in World Journal of Clinical Cases.

Sincerely yours,
Correspondent Author

Bernadette Dian Novita, MD, PhD
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Faculty of Medicine
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West Tower 6th floor
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Citation:

Novita BD, Muliono AC, Wijaya S, Theodora I, Tjahjono Y, Supit VD, Willianto VM. Managing spondylitis tuberculosis in a patient with underlying diabetes and hypothyroidism: A case report. World J Clin Cases 2022; 10(21): 7451-7458

Date Submitted:

2021-10-31 14:31

The manuscript “Managing type-2 Diabetes Mellitus and Hypothyroidism Properly Leads to A Successful Treatment of 35 years old Spondylitis Tuberculosis Patient” by Bernadette Dian Novita¹ and co-authors is a well-written and detailed report of the first case of the comorbidity of spondylitis tuberculosis (STB)/type 2 diabetes mellitus (T2DM)/hypothyroidism. T2DM and hypothyroidism tend to coexist together. Additionally, those comorbidities can both accelerate TB and complicate TB treatment. The authors concluded that in this case, the usage of corticosteroid drugs should be avoided due to very high plasma glucose levels. Early monitoring and intensive evaluation of patients with spondylitis TB, particularly with diabetes and hyperthyroidism comorbidity is very pivotal to improve the therapy. The manuscript is interesting, written at a high level, easy to read and understand. The manuscript covers a large amount of literature data and makes a significant contribution to the systematization of knowledge. The authors have cited a large number of research articles, a significant portion of which have been published over the last five years. The manuscript may be accepted for publication after minor revision.

Comments:

1. Some sentences contain typos and missing words. Please, correct them. 1) Lines 195-196: “Lymphocyte proliferation in response to activation by Antigen Presenting Cell (APC) so lymphocytes are unable to form adequate antibodies against TB.” 2) Lines 98-99: “Laboratory investigation showed infection with predominant neutrophil and slight anemia normochromic normocytic.”
2. It is necessary to add some references in the penultimate paragraph of the "Discussions" section. Lines 191-199: “DM affects the production of interferon γ , interleukin-12 (IL-12), as well as the proliferation of T cells. Interferon works to initiate the process of macrophages in killing bacteria using nitric oxide. Decreased levels of IL-12 provoke lack of leukocytes mobility (macrophages and T cells) in neutralizing infectious agents. Lymphocyte proliferation in response to activation by Antigen Presenting Cell (APC) so lymphocytes are unable to form adequate antibodies against TB. Hyperglycemia also relates humoral immune defects, deficiency of complement proteins C3, C4, and C1 inhibitors and changes to antibody formation. Thus, hyperglycemia decreases the production cytokines pro-inflammatory (Interleukin-2, interleukin-8, Tumor Necrosis Factor). Risk of EPTB amongst DM are three time higher and two times higher of anti-tuberculosis failures.”



To: novita@ukwms.ac.id Cc: ari.christy.m@gmail.com; clarissaprofitia@gmail.com; sumi@ukwms.ac.id; yudy.tjahjono@ukwms.ac.id; vincentiusdiamantinosupit77@gmail.com; michaelwillianto@gmail.com

Dear Dr. Novita,

We are pleased to inform you that your paper has successfully passed our very rigorous review process and has been accepted for publication in the *World Journal of Clinical Cases (WJCC)*.

1 BASIC INFORMATION OF THE MANUSCRIPT

Manuscript NO: 72860

Manuscript Type: Case Report

Title: Managing spondylitis tuberculosis in a patient with underlying diabetes and hypothyroidism: A case report

Authors: Bernadette Dian Novita, Ari Christy Muliono, Sumi Wijaya, Imelda Theodora, Yudy Tjahjono, Vincentius Diamantino Supit and Vincentius Michael Willianto

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