



**SDI Review Form 1.6**

Journal Name:	<a href="#">International Journal of TROPICAL DISEASE &amp; Health</a>
Manuscript Number:	Ms_IJTDH_48349
Title of the Manuscript:	Dermoscope-guided laser excision of a pilomatricoma – a novel surgical procedure performed in primary care settings
Type of the Article	

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<p>Although it's a nicely written case report depicts a unique treatment modality it can be entertained for publication after the changes have been carried out given below</p> <p>1) Very little information is given regarding the nature of pilomatricoma with regards to its biological behaviour and malignant transformation. I would like you to add a phrase given below in discussion part</p> <p><b>Pilomatricoma is a slow-growing, firm, dermal or subcutaneous neoplasm, usually measuring fewer than 3 cm in diameter.</b></p> <p>This particular phrase is taken from a recently reported case of pilomatricoma by Bajpai M et al, kindly add the phrase and cite their article too in references, for your convenience the citation is given below in brackets.</p> <p>(Bajpai M, Arora M, Chandolia B (2016) A rare case of pilomatrixoma (calcifying epithelioma of Malherbe) of parotid space masquerading as salivary gland tumor. Iran J Pathol 11:418–420)</p> <p>2) I would like you to add a histopathological picture of the lesion, which would make the report more viable.</p> <p>3) I would like you to add the limitations and beneficial aspects dermoscope guided lase as a treatment modality of surface lesions and deep lesions.</p> <p>4) Recently Bajpai M has reported dermoscopic features of oral squamous cell carcinoma, kindly add some of the information from their study and cite their article in brackets.</p> <p>( Bajpai M,Gupta S.- Dermoscopy of oral squamous cell carcinoma.Journal of Ayub Med Coll.Abbottabad, 2018)</p> <p>5) Kindly check the manuscript for grammatical errors, few sentences need to be rephrased.</p>	<p>The phase was inserted accordingly (Lines 104-6, page 6).</p> <p>We entirely agree with the reviewer. Unfortunately, a histopathological picture is not in our procession.</p> <p>We duly reported the limitations and beneficial aspects of dermoscope-guided laser excision. We inserted the following paragraphs:</p> <p>“Quantitatively, the advantages of DGSP were lower rate of incomplete removal of the lesions or relapse [(risk ratio (RR): 0.22; 95% confidence interval (CI): 0.05–0.95)] and lower rate of significant scarring (RR: 0.52; 95% CI: 0.32–0.83). For procedures on small lesions (&lt; 4 mm), the rate of scarring was particularly lower for case procedures against control procedures (RR: 0.30; 95% CI: 0.13–0.67) (6).</p> <p>“Qualitatively, the setup for DGSP is relatively easy, as reported by us (3-6, 26). Magnification and epiluminescence enhanced precisions of each surgical manoeuvre. DGSP is highly versatile. The current types are covered by us in the Introduction (1-5). DG laser excision as reported here is the sixth novel procedure. Lastly, the necessary softwares to support DGSP support are available at almost no cost.</p> <p>“The limitations of DGSP include costs in purchasing and maintenance of dermoscopes, computers, stands, and other hardwares. The durations of each DGSP were obviously longer than a procedures not guided by dermoscopy, although we have not investigated this aspect. As relatively novel procedures, DGSP might harbour limitations yet unknown to us. Lastly, the extent of pain affecting activities of daily living in the first week after operation was not significantly different for patients having had DGSP and patients with control procedures performed (6).</p> <p>“Our current report is the first reported DG laser excision. Whether the advantages and limitations of other DGSP can be applicable to DG laser excision is yet to be evaluated.” (line 121, page 7 to line 137, page 8).</p> <p>We duly inserted the reference (line 196-8, page 11).</p>



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		We duly checked the manuscript for grammatical errors, and rephrased several sentences. These are highlighted in green in the manuscript.
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	