



SDI Review Form 1.6

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| 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>1-in my opinion the whole article must be reviewed by the authors again because there are too many grammar and spelling mistakes that makes it difficult to understand for the reader . their style in writing is Poor and insufficient for expression and emphasis of their ideas .</p> <p>2-discussion part is mostly composed of explanations about the cost and technical applications. The differential diagnosis of pyogenic granuloma and pilomatricoma may be compared in more detailed way both clinically and pathologically. .there are pathological variants of pilomatricoma .explanations regarding this may be added to the text with a figure of the excised specimen and with an additional figure legend.</p> | <p><b>We completely re-wrote sections and sentences (highlighted in green).</b></p> <p>We inserted these paragraphs:</p> <p>“Histopathological examination reported active inflammatory infiltrates and focal areas with proliferation of eosinophilic ghost shadow cells as well as basaloid cells. There were areas with fibrosis, granulation tissue formation, and multinucleated foreign body type giant cells in the background. Some of the multinucleated giant cells contained keratinous material. These features were compatible with a pilomatricoma.” (line 90-4, page 6).</p> <p>“Our provisional clinical diagnosis was pyogenic granuloma. This was owing to the lesion being pedunculated to a certain extent. The bright red colour and the rapid growth were also compatible with such in early lesions of pyogenic granuloma. However, the proliferation of ghost shadow cells and eosinophilic basaloid cells resembling hair matrix cells supported the diagnosis being a pilomatricoma (7). Moreover, the multinucleated giant cells with keratinous material was highly characteristic of pilomatricoma (8). Pilomatricoma is a slow-growing, firm, dermal or subcutaneous neoplasm, usually measuring fewer than 3 cm in diameters (9).” (lines 98-106, page 6).</p> |
| <b>Minor</b> REVISION comments      |  |   |
| <b>Optional/General</b> comments    |  |   |

**PART 2:**

|  | 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) |
|--|--|---|
| Are there ethical issues in this manuscript? | <i>(If yes, Kindly please write down the ethical issues here in details)</i> |   |