Journal Name:	International Journal of Medical and Pharmaceutical Case Reports
Manuscript Number:	**Ms_IJMPCR_57477**
Title of the Manuscript:	**Cryptococcal Lymphadenopathy in an 18-year-old Male HIV-infected Patient: A Case Report**
Type of the Article	**Case study**

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/journal/10/editorial-policy)

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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)*
Compulsory REVISION comments	TITLE OF THE CASE REPORT NEED TO BE CORRECT - "CRYPTOCCOCCAL" to be change as "CRYPTOCOCCAL".	Typing error, we have corrected this error in the manuscript
Minor REVISION comments	AUTHOR CAN INCLUDE THE FOLLOWING DETAILS FOR THE BETTERMENT OF THE STUDY (a) AUTHOR EXPLAINED THE CLINICAL CONDITIONS SUCH AS A PATIENTS SHOWS ENLARGEMENT OF SUBMANDIBULAR, LATERAL AND POSTERIOR CERVICAL LYMPH NODES, SKIN PAPULES – PICTURE OF THE CONDITION WITH PARTIALLY HIDDEN, IF PROPER PERMISSION OBTAINED FROM THE PATIENT AND INSTITUTION. (b) AUTHOR NEED TO ADD THE INDIAN INK STAIN/NEGATIVE STAIN PICTURE, WHICH IS ONE OF THE GOLD STANDARD METHOD FOR CRYPTOCOCCAL IDENTIFICATION.	(a) Unfortunately we didn't take those pictures b) Indian Ink was used on CSF analysis. Unfortunately we did not keep those images.
Optional/General comments	1. AUTHOR HAS EXPLAINED THE CLEARLY ABOUT THE CLINICAL CONDITION AND TREATMENT PART. ACCORDING TO THE AUTHOR VIEW, THE CASE REPORT WAS REPORTED ONE OF THE RARE SCENARIO IN THE PLACE OF THE RWANDA, AFRICA. 2. BASED ON THE DATA OBTAINED IN THE WEB SOURCE, CRYPTOCOCCAL LYMPHADENOPATHY (CL), WERE NOT CONSIDER AS THE RARE SCENARIO IN THE REGION OF AFRICA, HERE THE FEW ARTICLE AS A PROOF OF THE PREVIOUS STUDIES ABOUT THE CL, (a) https://doi.org/10.1155/2013/471363, ACCORDING TO THIS ARTICLE, WHICH WAS PUBLISHED AT 2013 BY THE ITALY AUTHOR ABOUT THE CRYPTOCOCCAL INFECTIONS (CI) AND CL IN THE AFRICA REGION (b) https://doi.org/10.1086/507897, BASED ON THIS ARTICLE THE AUTHOR WERE EXPLAINED ABOUT 11% CL IN THE YEAR OF 2004 AT THE SOUTH AFRICA REGION. (c) IN THE YEAR 2017 https://doi.org/10.3390/jof3040067, ARTICLE CLEARLY EXPLAINS THE CI AND CL, IN THE VARIOUS REGIONS OF THE AFRICA – RWANDA. (d) AND FEW MORE ARTICLES ALSO REPRODUCE THE SAME CASES OF THE CL. 3. THEREFORE THE OVERALL COMMENTS REVEALS THAT, AUTHOR EXPLAINS THE RARE CASE OF CL IN HIV POSITIVE INDIVIDUALS WERE NOT REPORTED IN AFRICA SO FOR/FEW CASES. BUT BASED ON THE POINTS I REQUIRED FURTHER CLARIFICATION FROM THE AUTHOR SIDE.	Thank you for this observation and the great references which I have read through and added to the text. I have deleted the misleading statement on CL as a rare condition. Thank you.

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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?	*(If yes, Kindly please write down the ethical issues here in details)* YES, AUTHOR HAS CLEARLY EXPLAINED THE PATIENT CLINICAL CONDITIONS, FOR THE DATA PROCUREMENT, AUTHOR MUST OBTAIN THE WRITTEN CONSENT FORM FROM THE PATIENT AND THE ETHICAL CERTIFICATE FROM THE INSTITUTIONAL SITE. I CANT ABLE TO FIND THE ETHICAL CLEARANCE IN THIS CASE REPORT.	We received consent from the patient and the hospital, we will share them.