Journal Name:	International Journal of Medical and Pharmaceutical Case Reports
Manuscript Number:	**Ms_IJMPCR_57477**
Title of the Manuscript:	**Cryptoccoccal 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)

SDI Review Form 1.6

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	Assuming that the data is collected at the time of patient's presentation to the clinic ie at three weeks of disease occurrence, similar data needs to be collected after recovery and compared with day 1 or at whatever day the data was collected. If the treatment was given for two weeks following which recovery was noticed, kindly present all data (blood tests, x-rays, HnE/PAS stain images) from day 14 or the day he recovered. In HnE and PAS stainings, images from adjacent normal tissue would help in comparing results from day1 to day 14. Methodology section might help in understanding the procedures followed. For example, what instrument was used to analyse the blood tests, what methods of assessments were followed, which kits and company make. Drugs from which brands were used? Which X-ray machine and radiation dosage at the time of Xray, how was the film developed-manually or digitally? HnE protocol and PAS staining protocol? **These can be mentioned in legends in brief if manuscript type does not permit it in main text.**	I added a brief description of the laboratory results after treatment. CXR machine: Philips Radiation dose: 0.9 mSv Xray developed digitally FBC machine: SYSMEX XT2000i Amphotericin B made by United Biotech (India) Fluconazole made by Oasis Laboratories PVT. LTD (India)
Minor REVISION comments	Table 1. Label the contents as Test name, results, normal range, units an insert information in these separate columns. Figure 1. X-Ray needs to be labelled appropriately with arrows pointing to conditions specified. Figure 2. Label the images appropriately with arrows pointing to conditions specified, Mention the microscope used and magnification in legend. Insert scale bar and mention image size, such as 20u or 50u. Mention the nature of this infection-fungal, yeast or bacterial in introduction (supposedly a yeast-like fungus).	
Optional/General comments	Cryptococcal supraclavicular lymphadenitis: A primary manifestation in AIDS-unusual presentation Shirish S Chandanwale, Archana C Buch, Shruti S Vimal, Shrinath M Kshirsagar Department of Pathology, Padmashree Dr. Dnyandeo Yashwantrao Patil Medical College, Hospital and Research Centre, Dr. Dnyandeo Yashwantrao Patil Vidyapeeth Pune (Deemed University), Pimpri, Pune, Maharasthra, India Some citations are missing.	

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)*	