

Review of: "Medical Nutrition Therapy in Hospitalized Pulmonary Tuberculosis Patients: A Retrospective Analysis of Its Effect on Monocyte-to-Lymphocyte Ratio (MLR), Neutrophil-to-Lymphocyte Ratio (NLR), and Prognostic Nutritional Index (PNI)"

Nerges Mistry¹

¹ Foundation for Medical Research

Potential competing interests: No potential competing interests to declare.

The manuscript describes the effect of in-patient nutrition therapy for pulmonary TB

patients. While nutrition forms a central theme for TB treatment and control globally, a persistent focus on it through reiteration is commendable. The manuscript, however, could be improved in several ways.

1. Overall, several sentences throughout the manuscript require grammatical restructuring.
2. Methods: Requires further details such as a) method/s of TB diagnosis and a mention of the computation of bacterial load, b) the location of where and how blood was processed for assessment of nutritional inputs. Were these undertaken at the pathology department of the WS Hospital?, c) a mention of normal ranges of MLR and NLR ratios, and d) what was the basis of receiving different forms of nutritional support. The last point may be interesting to include in the outcome analysis also.
3. Results: It is noted that a majority of patients were hospitalized for less than 14 days. Therefore, interpretation of results to long-term outcomes has to be undertaken with caution, though it is surprising that the upswing of the immunological parameters was observed that rapidly. Were these parameters assessed just once or repeated at any point in time during the patient's admission? Results depicted in Table 1 need to be depicted in single decimal points. The units for the column designated as ALL need to be described (?average ?median). Was there a difference in the outcomes depending on the route of nutritional supplementation and the severity of the malnutrition?
4. Discussion: Besides the improvement in the peripheral blood indices, was the time to conversion to bacterial negativity or reduction in bacterial load observed at discharge or even at a later date? How was the nutrition continued once the patients were discharged? Being a retrospective study, it would be important to capture the profile of overall patient outcomes/mortality/ADR in this cohort of what we assume to be pulmonary drug-sensitive patients.
5. Trust the manuscript can be improved along the above lines.