



SDI Review Form 1.6

PART 1:

Journal Name:	British Microbiology Research Journal
Manuscript Number:	MS: 2012/BMRJ/2033
Title of the Manuscript:	Antimicrobial Resistance in Pathogens Causing Pediatrics Bloodstream Infections in Madinah Maternity and Children's Hospital, Saudi Arabia

General guideline: Reviewers are requested to follow these guidelines during review: *(Note: Title of different sections as proposed below may differ in case of review paper / case reports)*

- Introduction *(Is the problem/objective of this study original, important and well defined?)*
- Materials & methods *(Kindly comment on the suitability of the methods. Sufficient details of the methods should be provided to allow peers to evaluate and/or replicate the work)*
- Results & discussion *(Kindly comment on: 1. Are the data well controlled and robust? 2. Authors should provide relevant references during discussion. 3. Discussion and conclusions should be based on actual facts and figures. Biased claims should be pointed out. 4. Are statistical analyses must for this paper? If yes, have sufficient and appropriate statistical analyses been carried out?)*
- Conclusion *(Is the conclusion supported by the data, discussed inside the manuscript? Conclusions should not be biased and should be based on the data, presented inside the manuscript only)*
- Are all the references cited relevant, adequate? Are there any other suitable current references authors need to cite?
- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part and write here 'Corrected'/ if not agreed, give suitable justifications)
<u>COMPULSORY REVISION</u> comments	1) In the introduction I disagree that the mortality rate from BSI is 25-50%: please give a more realistic estimate, supported by references 2) Materials & Methods section should include clinical definitions, e.g. how was significant BSI determined? How was death attributed to BSI? What was an episode of BSI? 3) I don't understand why the numbers of isolates in Tables 3 and 4 are different to those given in Table 2. 4) Table 3 shows resistances in <i>S. aureus</i>: all of these isolates were MSSA – it would be helpful also to give data for MRSA. 5) The discussion is very long – it includes results and duplication of information. However, there is actually very little helpful discussion of the results in relation to other studies. All results should be given in the results section. The remaining discussion section should be radically rewritten to provide a critical discussion of the results of this study in the context of others. 6) P.7: I don't think it is true that 6% of paediatric patients had BSI – is it not 6% of patients from whom blood cultures were collected? 7) P.7: I didn't see any data to support the statement that about the rate of nosocomial BSI. 8) P. 7: similarly, do the authors have data to show that PICU stay was longer in patients with BSI? 9) P.7: The final paragraph simply reports results, and does not belong in the discussion section.	1) I support this statement by references. 2) Corrected 3) As we was in a hurry to publish the paper we put the results of some representative organisms. We completed the data of all isolates and reformulated the tables 3&4. Thanks a lot for this essential comment. 4) We added the data for MRSA (table 3). 5) Results was separated from discussion 6) It was 6.1% (728/11968 of the total cases as in the line 123. 7) This statement was omitted. 8) Yes, from the patient administrative system (I added this statement in the line 71). 9) We compared in this paragraph our result with other authors (Emori and



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		Gaynes, 1993; A-Zamil, 2008)
Minor REVISION comments		
Optional/General comments	This paper is very long, yet at the same time presents little information on the methods used, and relatively few data on the pattern of BSI in the authors' hospital. More detail of methods used is required, and it would be helpful to provide more information about the pattern of BSI, and to provide a much more focussed discussion on what is learned from this study. The paper is understandable, but the use of English would require considerable attention before publication.	The paper was revised again and reformulated We revised the language of the manuscript again