



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	2013_BMRJ_7376
Title of the Manuscript:	Rapid detection of Extended spectrum β-lactamase (ESBL) producing strains of Escherichia coli in urinary tract infections patients in Benha University Hospital
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)
Compulsory REVISION comments	The manuscript is long. Some parts could be deleted. Line 78: Urology department or attending urology Benha University. Line 81-84. Also, presence of more than 5 pus cells per high power field.... The growth of the bacteria was needed for the study, this part could be deleted. Line 95. Identification of bacterial isolates by colony colour and morphology, gram stain and biochemical reactions. Do you usually perform the identification by these? And susceptibility? Do you have automatized methods? (Vitec, Microscan, Phoenix?) Line 106-111. The urine sample collection could be summarize. Example: Early morning and mid-stream urine in a sterile container. If collected from indwelling catheter the wall at the juncture with the drainage tube was disinfected and sterile syringe was used for the urine specimen. All methods are too long. These could be summarize. Results: Ages and sex are previously described in methods. Lines 219-221 are in table 3. Don't repeat the same in both Lines 230-232 are in table 4. Don't repeat the same in both. Discussion Is too long. There are a lot of	University hospital deleted part 81-84 deleted and also the related reference Line 95 it is manual identification (api) vitek not available 106-111 replaced by Early morning and mid-stream urine is collected in a sterile container. If collected from indwelling catheter the wall at the juncture with the drainage tube was disinfected and sterile syringe was used for the urine specimen collection. Ages and sex are previously described in methods. Deleted Lines 219-221 are in table 3. Don't repeat the same in both Lines 230-232 are in table 4. Don't repeat the same in both. Line 219 Preliminary screening test by CLSI method showed that resistance of <i>E coli</i> strains to Ceftazidime, Ceftriaxone, Aztereonam, Cefpodoxime and Cefepime were 35 (77.7%) ,33(73.3%),31(68.9%), 26 (57.8%), 26 (57.8%) respectively, so 35 strains (77.8%) of isolates were considered as preliminary producers of ESBLs.



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	results that have been placed in the results section and repeated in the discussion one. (ex. Lines 256-257, 260-262, 275-279, 284-286, 298-300	Comparison between CHROMagar™ ESBL agar and CLSI screening method to screen ESBL producing <i>E. coli</i> is shown in Table (3). Table (4) shows distribution of AmpC and AmpC &ESBL co-producers among <i>E. coli</i> isolates:
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Minor REVISION comments	Some typographic mistakes. (ex: line 137 should be aztreonam, line 136 ceftriaxone, 304 producers Line 28 ESBL. The first time write complete extended spectrum-beta-lactamase. Line 74-75, which city and country was the study done Line 205: S. aureus is not important, could be deleted. Line 207. ESBL producers were detected by CT/TL and/or TZ/TZL E.test (golden method for confirmation....) was described in methods. Line 211 community either out-patients or in-patients admitted < 48 h patients. This part is in methods, just write how many patients were community acquired and how many health-related. Percentages could be used without decimals. Line 234. UTI: Complete urinary tract infections Tables. Don't write % in the top of the column and also in the lines. Just in one place. Figure 3. It does not understand. Mark with a line each one of the disk. Some references are not relate with text: example, reference 2, 6.	line 137 cefepime (30µg), aztereonam (30µg). line 136 (Oxoid, UK). cefpodoxime (30µg), ceftriaxone (30µg), ceftazidime (30µg), 304 AmpC &ESBL co-producers in an Enterobacteriaceae strain collection. The ESBL E test was extended spectrum β-lactamase (ESBL) Line 74-75 This study was done in Microbiology and Immunology Department of Benha Faculty of Medicine, Egypt from Line 205 and the least was <i>Staphylococcus aureus</i> 2 (1.9%). deleted line 207 by E. test (golden method) only line 211 were detected in community acquired UTI patients while 15 (62.5%) were detected in health care associated UTI patients Tables. Don't write % in the top of the column and also in the lines. Just in one place. only in the top Figure 3 marked Reference 2 Doi Y, Adams J, O'Keefe A, Quereshi Z, Ewan L, Paterson DL. Community-acquired extended-spectrum b-lactamase producers, United States [letter] Emerg Infect Dis [serial on the Internet] Available from: http://www.cdc.gov/EID/content/13/7/1121.htm [last cited on 2007]
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		Reference6 Patricia A. B.: Extended-Spectrum β-Lactamases in the 21st Century: Characterization, Epidemiology, and Detection of This Important Resistance Threat.Clin Microbiol Rev.2001; 14(4).933-951.
<u>Optional/General</u> comments	Summarize methods, and discussion	