



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_16321
Title of the Manuscript:	Mycobacterial Infections in Humans: Buruli Ulcer in West Africa
Type of the Article	Original Research 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	Authors should give more explanation about their results concerning the different type or genotypes of MU that they found in CI (Line 249-250). For example the relationship between MU profile and genotype circulating in CI and its virulence related to clinical manifestations. And what explanation they give compared to the other endemic region worldwide.	Answer: For M. ulcerans, the different types or genotypes were found and confirm previous studies in West Africa and in CI concerning the virulence and the clinical manifestations. In endemic sites, the clinical manifestations were different, some people in the same endemic site can develop large ulcer, small ulcer or several ulcers, this can suggest the evidence of different strains. The correlation is not proved because the known virulence gen was the mycolactone . Aka et al (submitted) have found mycolactone negative strains with ulcer manifestation in endemic sites in CI!!! Answer: Compared to worldwide MU strains, African genotypes or serovars were more virulent than other strains. The sequencing project of MU in West Africa will elucidate the correlation of virulence / new virulence genes and clinical manifestations. In this study, we can only conclude the difference in genotyping markers (MIRU and VNTR) of the strains.
Minor REVISION comments	We suggested some corrections as follows: Line(L) 12: leads to L 13: its control is difficult L22: analysed	Answer: We agree with the reviewer, all corrections are done in the new version.



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	L24 put "were" instead of "are" L33: "could explain" not "can explain" L37 "caused by" not causing L44: withdraw "and" put coma L47: withdraw "and" write "added or not to surgical treatment if there is large skin ulceration" L56: "diagnosis" not "diagnostic" L 66: write "specificity and high sensitivity for " L67: different copy numbers L77: "is very" not "has very" L78: withdraw "of" L84 write "Material and Methods" L88 write "clinically confirmed" L99 write "BU control" L101 write "by adding 15µl Tris-Hcl 0.1 M" L102 write "adding 1/10 volume" L104 write "strain was..." L 107 write "specifics..." L 138-139 write "47% were male and 52% were female" L145 write "samples while..." L155-156 write "corresponding to one copy(380bp) and to 3 copies..." L218 write "...regions including..." L231 write "...in west Africa that ST1..." L247 write "...due to insertion or deletion of..."	
<u>Optional/General</u> comments	The authors did a good work, because these results could allow improving the BU diagnosis for better specific antibiotic treatment in Côte d'Ivoire where the disease remains endemic and case numbers still growing.	