



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	2014_BMRJ_13360
Title of the Manuscript:	Frequency of MDR pseudomonas aeruginosa and extended-spectrum beta-lactamase (ESBL) producer isolated from clinical sample of Khorramabad city, iran
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.

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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)
<u>Compulsory</u> REVISION comments	This paper was very difficult to review because of the level of use of English that was very poor and made it difficult to understand what the authors were trying to convey. The paper was inundated with so many errors. 1. It was implied from the title that the multiple drug resistant and extended spectrum beta lactamase producing <i>Pseudomonas aeruginosa</i> were from one sample. 2. All through the paper, the authors kept writing <i>Pseudomonas aeruginosa</i> with small letters and not in italics. Microbial organisms are conventionally written in italics or underlined. 3. The aims of the study were clearly stated in the abstract but this was not clear in the main text. 4. The design of the study was very poor. How did the authors select the 70 isolates of <i>Pseudomonas aeruginosa</i> used in this study over a one year period? How is it that all of them were multi drug resistant and over one third were beta lactamase	Thank you for your comments. We tried to improve the article with your opinion. The title was revised. The names in italics were modified. Samples collected from Several different hospitals from the hospitalized patients with nosocomial infections within one year. According to reference 1, each of microorganisms that was resistant to at



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	producers? What about the ones that were not multi drug resistant or beta lactamase producers? What was the diagnosis, clinical features of the patients who yielded these isolates? If these 70 were MDR how many other <i>Pseudomonas aeruginosa</i> were isolated or identified during the one year study period? How small or large is this hospital, health facility, in patient or out patient clinic in Khorramabad city to just yield only 70 isolates over a 12 months period? - The results were of a very doubtful veracity, and the discussion was not focused. - Nothing tangible was held or recognised as the conclusion. - References were very horribly and poorly cited for example In reference #1; what does the authors mean by "... during Journal of Feiz, 2010; 1390:15(2), 139 – 1451; #2; Journal of Ardabil University of Medical Sciences, 2010; 10(3): 189-198; #5; "...<i>Pseudomonas aeruginosa</i> in a tertiary care hospital, 2014; DOI: 10.1016/j.sjbs.2014.06.001	least three antibiotics were considered MDR. ESBLs test was done by disk diffusion method (Kirby–Bauer) based on CLSI standards. Increased inhibition zone of equal to or more than 5 mm in the plate containing clavulanic acid disk was determined as ESBLs producer strain. This study is a dissertation thesis that due to the time limit, sample collection was done in a year. We are committed all the information is based on honesty and ethics. Discussion was revised. Reference 1, was edited. Iranian Journal of Ardabil University of Medical Sciences, 2010; 10(3): 189-198
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		