



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	British Microbiology Research Journal
Manuscript Number:	2014_BMRJ_13082
Title of the Manuscript:	Unusual oropharyngeal asymptomatic manifestations caused by atypical pathogens detected by PCR into altered ecosystems of an infertile couple
Type of the Article	Original Research Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
After reading the response from the authors, there are still many questions that they should explain, for example: What bacterium produces the skin ulcer in men? If the authors consider that <i>Chlamydia trachomatis</i> and <i>C. ulcerans</i> were not. What bacterium was? The authors not considered of the possibility of LGV serovar as the cause of ulcer skin, because they did not observe the presence of lymph node swelling and discharge. However, they don't describe that the LGV has three clinical stages. The first is the presence of ulcers in the inoculation site (perhaps this is the	On behalf of all co-authors, I kindly thank Reviewer for comments/suggestions posed. According to these, we made corrections (highlighted in blue) in the revised version of the manuscript. Here are our point-by-point replies: As clearly stated in the "Discussion" section of the manuscript (lines 224-225), we think our results are suggestive for identifying <i>C. trachomatis</i> as the main etiologic agent causing genital ulcers. Considering that we do not have information about <i>C. trachomatis</i> serovar, we think that discussing about the "hypothetical" serovar wouldn't add any value to our manuscript.



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case) and the second which is the most common the femoral lymphadenopathy (The primary manifestation, is absent often by the time the patient seeks medical attention). Unfortunately, they haven't identified the <i>C. trachomatis</i> serovar. Although, the most common clinical manifestation of LGV is inguinal lymphadenopathy, there are evidence of new genovariants with little or no clinical evidence of LGV, this could be another possible explanation (Gomes JP, Nunes A, Florindo C, Ferreira MA, Santo I, Azevedo J, Borrego MJ. Lymphogranuloma venereum in Portugal: unusual events and new variants During 2007. Sex Transm Dis; 2009; 36 (2): 88-91. doi: 10.1097 / OLQ.0b013e31818b1e27; de Jesus De Haro-Cruz M, Deleon-Rodriguez I, Escobedo-Guerra . MR, López-Hurtado M, Arteaga-Troncoso G, FJ Ortiz-Ibarra, FM Guerra-Infante. Genotyping of <i>Chlamydia trachomatis</i> from endocervical specimens of infertile Mexican women. Enferm infecc Microbiol Clin. 2011; 29 (2):102-8. doi: 10.1016 / j.eimc.2010.08.014). The authors suggest that all clinical manifestations are due to synergism that occurs among all bacterial strains. It is well, What molecular mechanisms carry out ?, for that each bacterium there are been benefited with this synergism. The authors only comment about on potencial redox changes in the cell. However, is necessary a deeper this information.	Our work was not aimed at evaluating mechanisms underlying bacterial synergism. However, in the discussion we referred at the synergistic effect on cellular redox state only because it is the only one hypothesis we could pose on the bases of our previous findings (reference #5). Furthermore, a synergistic effect does not necessarily provide mutualism.
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It is also necessary to mention that there are *C. ulcerans* strains that produce toxins and it is possible that some toxins show less activity than *C. diphtheriae*, so it not will develop a thick pseudomembrane.

Also is worth noting, the authors reported a similar case in 2012 but not emphasize of experience they have in *C. ulcerans* identifying in patients with chlamydial infection, reference no. 9 (Neri G, Del Boccio M, Pennelli A, Martinotti S, Tenaglia R, Pugliese M, Toniato E, Croce A, PE Gallenga Jugulodigastric lymph node inflammation derived from atypical chronic recurrent oropharyngeal phlogosis Annually after the flu virus vaccination: a holistic vision of clinical case solved after antibiotic therapy chlamydicidal. Int J Immunopathol Pharmacol 2012, 25 (4): 835-847). Furthermore, this reference is no longer mentioned in the text.

We agree with Reviewer. The revised version of the manuscript has been corrected accordingly (lines 235-236).

We agree with Reviewer. The revised version of the manuscript has been corrected accordingly and reference #9 cited one more time (lines 232-233).

Figure 2 legends (page 13) have been modified for better clarity.