SDI Review Form 1.6

Journal Name:	**British Microbiology Research Journal**
Manuscript Number:	**2014_BMRJ_12614**
Title of the Manuscript:	**Guillain-Barré syndrome induced by Campylobacter jejuni**
Type of the Article	**Review 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:

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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	In general manuscript has many inconsistencies in grammar, writing style and the terminology used. Therefore it should be thoroughly revised according to the following suggestions: • **The name of the species or bacteria should be written in italic in paragraphs [19],[42],[43] and elsewhere in the text** • **the terminology/style is not adequate and is should be rephrased in the paragraphs below:** [13] anecdotal [13] case series [19] "Campylobacter serotype" should be used instead of "Campylobacter type " [23] post-Campylobacter neuropathy [42]"2. Bacteriology of Campylobacter" [43] "Recently" is used for results published in the year 2000! [59] " >2–7 times as frequently as infections with" [80-89] the style and terminology is inadequate for review paper! [178] "Gangliosides epitops of LPS" [174] "species" of antiganglioside IgG antibodies [316] "Mechanism of relation of GBS to C. jejuni infection" • **abbreviation should be explained in the paragraphs below:** [22]LPS [39]HLA • **sentences should be rephrased or revised in the paragraphs**	These are part 1 review comments of this reviewer. All are considered in first revised version of my manuscript. I revised the paper very carefully based on all these recommendation before.

	below: [31-33] Actually C. jejuni infection frequently precedes GBS, but it is far more common than GBS, the risk of developing GBS after C. jejuni infection actually being very low. [76-79]" A rapidly growing catalogue of peripheral nervous system disorders are now suspected to be immune-mediated, and in the best understood of these disorders, the molecular and cellular targets of immune attack are known, and the pathophysiology follows directly from the specific immune injury." [90-94] view comments for section 3. in part for '-not sufficient information') [110-120] very low writing style [253-255]" others identified 2.5% and 22.5% of GBS cases with C. jejuni infections by culture and PCR, respectively [246-249] "obtaining culture confirmation of an association with GBS and preceding C. jejuni infection is difficult because most patients with Campylobacter infection would have already cleared the bacteria when their GBS symptoms began" • **repeated facts in text:** [51]" raw milk or contaminated water" and [52]" untreated water and milk" [80]" peripheral nerves are damaged and cannot transmit signals efficiently" and [84]" the nerves is damaged, so signals traveling along the nerves are not transmitted properly." [100]" the most common cause of acute flaccid paralysis" and [102]" the most common cause of acute flaccid paralysis worldwide" Cited reference [1] and [29] are the same. • **no sufficient information for:** [47] Other conditions important for bacterial growth (media, microaerophilic conditions etc.) [Section 3.] Peripheral neuropathies and systematic approach in the classification (hereditary/ acquired, motor/ sensor, demyelinated etc.) [90]procedures for clinical evaluation and laboratory diagnosis of	

	peripheral neuropathies (GBS) [112] circulation factor [Section 5.] Pathogenesis of GBS] mechanism of the pathogenesis should be explained in details [133-142] Carbohydrate determinants of glycoconjugates associated with GBS should be explained (gangliosides/LPS) and [167-172] can be added to this part of the text. Anti-ganglioside antibodies should be explained. [Section 6.] Mechanism of molecular mimicry should be explained in details • **sentence in the paragraph not in context with the section** [69] "Antibodies against ganliosides" not in the context of section 2. No previous explanation about gangliosised and their association with autoantibodies. This sentence should be omitted. [103-107] variants of GBS should be explained previously in section 3. [121-132] clinical subtypes of GBS should be omitted and explained elsewhere [178] "Main Gangliosides epitops of LPS" are not represented in figure 1. The figure illustrates cabohydrated determinants of different gangliosides [224-228] epidemiology data should be in the section 4. [277-280] Data for anti-ganglioside antibodies not in the connection with Campylobacter serology. • **reference should be cited** [89] for claim that GBS is connected with immunisations [173-175] for the claim in the paragraph [202-210] [239] • **change the statement** [198] "disialylated gangliosides GQ1b, GT1a, GD1b and GD3". GQ1b and GT1a are tetra and trisialylated gangliosides not disialylated	

	• **contradictory statement** [222-223]" culture studies have proven that a high proportion of GBS patients have C. jejuni in their stools at the time of onset of neurologic symptoms" and [246-249]" obtaining culture confirmation of an association with GBS and preceding C. jejuni infection is difficult because most patients with Campylobacter infection would have already cleared their GBS symptoms began" which is also repeated in [240-243] "short interval between the acute infection and the development of symptoms enables identification of the triggering infectious agents and even their culture in vitro" • Text in the **Section 8. Other experiments** and **section *9. Mechanism of relation of GBS* to C. jejuni infection** is mainly repeated in the previous sections. The repeated statements should be removed and the rest of the text should be rearranged elsewhere in the manuscript	
Minor REVISION comments	Cited references are not updated.	
Optional/General comments		