



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	2014_I-SRR_14352
Title of the Manuscript:	Chlamydial Proctitis in patients with Chlamydial Cervicitis
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	<p>This is an interesting clinical paper demonstrating the spectrum of <i>C. trachomatis</i> infection in adult population. It has been already reported that babies born from <i>Chlamydia</i> infected mothers, shed <i>Chlamydia</i> from their stool. The real question is how <i>Chlamydiae</i> travel from one mucosal site to another mucosal site. By treating azithromycin authors proved that the infection is <i>Chlamydia</i> specific. For the benefit of the readers and for the clarity of the results, authors may present the TMA results, clinical symptoms, and azithromycin treatments in a table format. This will be the main focus of the paper. There is no endoscopic finding from normal control patients. If authors can add it in figure 1, it will improve the merit of the manuscript.</p> <p>The paper may be accepted after revision.</p>	<p>Line 134-142, The known routes of chlamydial infection of the rectum include: (1) direct invasion of the rectal mucosa during anal sex, (2) flow of infected vaginal secretions into the rectum through the anus (females), and (3) lymphogenous invasion of the rectum through the uterus, cervix, vagina, or urethra [2]. Considering that most of the female patients with this disease, to date, have reported no experience with anal sex and were free of superficial lymph node swelling, the flow of infected vaginal secretions into the rectum, through the anus, may be the major route of chlamydial rectal infection. Patients in the present study also reported the absence of experience with anal sex, further suggesting that secretions from the infected cervical region cause the rectal infection.</p>
Minor REVISION comments		
Optional/General comments		