



SDI Review Form 1.6

Journal Name:	Asian Journal of Research and Reports in Urology
Manuscript Number:	Ms_AJRRU_43989
Title of the Manuscript:	Antibiotic Susceptibility Profile of Klebsiella Species Isolated from Pregnant Women Attending Selected Medical Centre in Northern Nigeria
Type of the Article	Original Research Articles

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>)

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	Thanks for sharing this paper describing susceptibility of <i>Klebsiella</i> species from urine culture collected from pregnant women in Nigeria. Antibiotic resistance patterns are very important to report from Africa, since antibiotic use is widespread and there are not enough descriptions of susceptibility trends among bacteria in the literature from this location. This review only includes 5 strains, which is too small a sample size to be a significant contribution to the literature on this topic. The authors needs to separate asymptomatic bacteriuria from urinary tract infection in this manuscript. Screening of asymptomatic pregnant women does not diagnose urinary tract infection, which requires urinary symptoms to diagnose. The patients in this study have asymptomatic bacteriuria. Furthermore the policy of screening of pregnant women for asymptomatic bacteriuria and treating positives is a weak recommendation based on very low quality evidence, and unnecessary antibiotic treatment of asymptomatic bacteriuria in women is associated with selection towards the expression of drug resistance among bacterial flora. The laboratory centrifuged the urine specimens prior to urine culture, but this is not necessary or useful. Urine is a low quality specimen, which is often contaminated by gut flora during collection. Rather than centrifuging to increase culture sensitivity, urine should be inoculated without centrifugation, and reported as non-significant growth if mixed or low colony count. MacKonkey agar alone is not adequate to screen for uropathogens which are Gram positive. The susceptibility testing method states that the suspension of organism was inoculated with sterile forceps and allowed to diffuse. This is incorrect technique. The organism should be inoculated with a swab, and the disks inoculated with sterile forceps and drug allowed to diffuse out of the disks prior to incubation. How were patients selected for inclusion in this study? Were consecutive patients enrolled, or a sample of patients? Did some patients refuse consent? The results section describes 20 isolates of <i>Klebsiella</i>, but the abstract and Table 1 only	Thank you The samples were collected based on the accidental incidence of the urinary tract symptoms among the pregnant women in the study area The samples were collected from pregnant women suspected to suffer from urinary tract infections based on the presented symptoms. Asymptomatic patients were not enrolled in the study. The title of the study was rephrased Pure isolates of <i>Klebsiella</i> were isolated using McConkey agar, but the initial culture was carried out using CLED agar. The corrections were effected on the manuscript as suggested Corrected as suggested Statement for inclusion and exclusion criteria was inserted. The correct number was inserted in the results section. This study centred towards <i>Klebsiella</i> species only. We therefore recommend further studies that will encompass other uropathogens of clinical importance. Reference updated The identification of the bacterial isolates in this study is limited to the microscopy and biochemical characterizations. Serological and molecular



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	contain 5 isolates. It is not clear why the non-<i>Klebsiella</i> isolates were not also included in this paper, as they may also be clinically relevant. CLSI M100 2018 recommends further antibiotic testing for <i>Klebsiella</i> species, including beta-lactams and carbapenems, which are not tested in this paper. <i>Klebsiella</i> is considered intrinsically resistant to Ampicillin, so this drug should not be tested or used to treat <i>Klebsiella</i> infections. The reference in the paper is to CLSI M100 2014, which is out of date. The biochemical reactions and macroscopic morphology of <i>Klebsiella</i> is common knowledge and should not be provided in this paper. The consent statement refers to the paper as a case report, but this is not a case report. I hope some of these suggestions may assist the authors in expanding their work. ethical issues: The consent procedure should be described in more detail. Were the patients aware that they were participating in a research study? Study funding is not described.	characterizations are beyond the scope of the study. The study is not a case report. It is a prospective research study which involves 50 patients screened at different times. Patients' consent forms were given to the patients prior to the sample collection. The sample of the consent form was attached as appendix. The study was fully funded by the authors. There is no external sponsorship.
Minor REVISION comments		
Optional/General comments		

PART 2:

	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)
Are there ethical issues in this manuscript?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	