



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_27298
Title of the Manuscript:	Clostridium Difficile infection in immunocompromised and non-immunocompromised Hosts – a single-center Experience
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:

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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	There are many points that need to be addressed: 1. Study population should be specified as mainly elderly. On both groups (immunocompromised and non-immunocompromised) mean age was > 70 years old, and if clinical and severity outcomes of the disease wants to be monitored, this age is an important cofounder for immunosuppression of any infectious disease itself. 2. Is this a geriatrics hospital ward where the study population was taken? Authors can explain this information. And if yes, aim of study should be re-written and oriented to specific age group. 3. As author stated, in the immunocompromised arm, more than half included CKD and Diabetes Mellitus individuals. Objectives of the study should be clarified and focus into CKD or DM patients? Diabetes Mellitus is considered a type of secondary immunodeficiency state as well Elderly age, this might be affecting both arm results. 4. What does author mean for "hostel resident"? Concept to be clarified. 5. As a severity predictor, elevated creatinine in patients already with renal impairment is	Thank you for your comments 1. We have done multivariate analysis and it shows that elderly ('age' alone) is not a risk factor for severe disease 2. The study is done in a general hospital with both adult and geriatric patients are being cared. The primary aim of the study is still to study the impact of immunopromised status on CDI 3. The focus of the study is to compare any differences in the primary outcomes listed among the patient with or without altered immune condition. Therefore we includes both CKD, DM, etc patient to the immunocompromised group. We agree there are many co-founding conditions, therefore we performed the multivariate analysis as shown in table 4 4. Definition added in session of 'Definition' 5. We monitored regular RFT for the patients under in-patient care so we could note any creatinine change in the



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	hard to monitor and not expect to worsen, especially if your study group also is elderly (physiological derangement of creatinine). How can you explain this rationale in your results? 6. Albumin as a clinical predictor of 30-day mortality had an adjusted OR of 2.31 in your data. But in other retrospective studies albumin is no longer a predictor of mortality. Your group includes patients with CKD with already proteinuria or hypo albuminuria due to the disease itself. How was the nutritional status of your patients? BMI? It was a low income population? Elderly may be predisposed to poor nutritional status (low albumin) If this is the case. 7. What was the indication for performing colonoscopy in 16 patients with CDI diarrhoea, since it not an approach that is recommended for diagnosis for CDI? 8. Why a number of 30 patients in your study group did not received any antibiotic regimen if CDI diagnosis was already made by PCR?	patients. And we define CKD using eGFR (which has adjustment for age) instead of serum creatinine level. 6. BMI was not recorded in our data collection. However, as the quotation in line 256, there are still certain amount of literature supporting hypoalbuminaemia as risk factor for CDI. For Elderly and nutritional problem, please also refer the 'multivariate' analysis in table 4. 7. No data on the indication for performing colonoscopy was recorded. According to the IDSA and ACG guidelines quoted in our article, colonoscopy is still a recommended diagnostic method if rapid diagnosis of pseudomembranous colitis is needed. We also follow this in the daily practice. 8. No formal data collection for the reasons of not receiving antibiotics. From observation, mostly these patients had symptom resolution when the stool result was available, the in-charge physicians then decided to observe. Or some patients actually died before the stool result was available
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<u>Minor</u> REVISION comments	Grammatical errors were present. Paper should be reviewed by native English-speaker.	Thank you for your comments, some amendments has been made.
<u>Optional/General</u> comments		