



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:

(<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)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	The study finding of a shorter duration of metronidazole as an independent poor prognostic indicator is clinically relevant to current practice. I have a few comments: The finding of the association between PPI use and mortality is important since PPIs are widely used. However, the cause and effect may be difficult to define because patients on PPI may be sicker than those not on PPIs. Please provide the following information: 1) Risk stratify patients based on whether PPI was used prophylactically or for GI-related symptoms 2) Please comment on whether there was a delay in the diagnosis of C diff among patients who initially presented with symptoms of nausea and vomiting (and were therefore started on PPI)	Thank you for your comment 1) As this study is a retrospective data review, the reasons for using PPI in the patients was not recorded in our data collection form. We only recorded if the patient was prescribed with PPI at the time of CDI diagnosis. And basically it is not the primary outcome of our study. 2) In our study, the diagnosis of CDI is made using stool is by stool test for C diff PCR. There was a potential delay if the patient initial symptoms were upper GI symptoms instead of diarrhoea as there would be no liquid stool available for testing. However, nausea and vomiting without sign of upper GI bleeding are not a standard indication for PPI (at least in our unit and in most international recommendation), and thus PPI use should not be considered as a cofounding factor
<u>Optional/General</u> comments		