

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_28887
Title of the Manuscript:	Treatment with CSE-1034 (Elores™) in The Management of Community Acquired Pneumonia Due to Multi Drug Resistant Pseudomonas aeruginosa
Type of the 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>)

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	SUGGESTED TITLE: CSE-1034 (Elores™) Treatment of A case of Community Acquired Pneumonia Caused by a Multi-Drug Resistant Strain of <i>Pseudomonas aeruginosa</i> In Line 5 of Introduction, CAP is not acquired in the Hospital (True) but Lines 11 and 12 i.e. CAP due to <i>Pseudomonas aeruginosa</i> in a hospitalized patient which clinically..... seem to be contradictory. In Line 7, delete the words “ of the” to read “ to most antibiotics. In Line 22, insert the word “that” between showed and out to read “ showed that out”. Also, in Line 22, the use of “also” towards the end of sentence presupposes that other risk factors were mentioned earlier which was not done. In Line 29, add aeruginosa as species to the genus “<i>Pseudomonas</i>” and replace bacteria with bacterium In Line 35, add aeruginosa to <i>Pseudomonas</i> as in Line 29. In Line 51, insert a coma after CAP.	Suggested changes done in Line 11 and 12 Ther term “in hospitalized patient” was deleted Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions

	In Lines 52 and 53, delete the coma after q24h and q8h. Questions: 1. Was meropenem used among the antibiotics used initially in the invitro susceptibility (sensitivity) test? If result was sensitive, why then did it not work? 2. Was ceftriaxone among the antibiotics used in the sensitivity test? Also with sulbactam. 3. The above questions are raised becos synergistic effect of antibiotic/adjuvant or antibiotic/antibiotic works most when the individual drugs were separately sensitive in the antibiogram or sensitivity profile of a bacterial pathogen.	Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions Meropenem was given empirically to the patient and was discontinued after culture and susceptibility test because it was resistant in culture and susceptibility test No sulbactam was not test individually in susceptibility testing as it is a beta lactamase inhibitor In this antibiotic Elores, disodium edetate reduces the resistance by acting on several mechanisms including ESBL/MBL, efflux pump etc. Several studies supported the efficacy of CSE-1034 (Elores). Some of references are given below a)Chaudhary M, Payasi A. A randomized, open-label, prospective, multicenter phase-III clinical trial of Elores™ in lower respiratory tract and urinary tract infections. J Pharm Res. 2013;6(4):409–14. b)Chaudhary M, Payasi A. Ethylenediaminetetraacetic acid: A non antibiotic adjuvant enhancing <i>Pseudomonas</i>
--	--	---

	<i>aeruginosa</i> susceptibility. <i>Afr J Microbiol. Res</i> 2012; 6(39): 6799-804. c) Bhatia P, Alternative empiric therapy to carbapenems in management of drug resistant gram negative pathogens: a new way to spare carbapenems. <i>Research journal of Infectious disease</i>. 2015;3. d) Chaudhary M, Sudaroli M, Kumar S, Krishnaraju V. "Catering ESBL resistance challenge through strategic combination of Ceftriaxone, Sulbactam and Ethylenediaminetetra acetic Acid", <i>Int J Drug Dev & Res</i>. 2012; 4(1): 72-81. X ray of patient after treatment is not available Corrected as per suggestions Corrected as per suggestions
	Suggestion based on Chest X-ray film: - X-ray of patient should include film before and after treatment and there should be an arrow pointing to bacterial biofilm surrounding lung parenchyma and the other film showing clearance after treatment In Line 68, write " Henderson et al. (Year??) reported two cases of CAP infection....." In Lines 68 and 69, connect the sentences thus: with <i>P. aeruginosa</i> of which both patients died in 36h due to CAP[14]. In Line 77, delete injection and begin sentence with " Salbutamol was given as a bronchodilator....." Lines 83 to 87 sentences are confusing and are ostensibly contradictory. Add the word "alone" to the end of sentence in Line 92.

	In Line 93, add letter “d” to produces to read “ produced” Line 95 should read thus: In <i>the</i> present case <i>study</i>, Elores™ was used successfully in <i>the</i> treatment of CAP due to <i>multi drug resistant P.aeruginosa</i>. In Line 101, add the words “ to treat infections due to” in between antibiotics and for. It should read “ in selecting antibiotics to treat infections due to MDR <i>P.aeruginosa</i>”. Comments on References: If the references cited are in tandem with the Journal format, I therefore make the following corrections : 1. Watkins IR, Lemonovich TL. Diagnosis and management of community-acquired pneumonia in adults. <i>Am Fam Physician</i>. 2011; 83(11): 1299-306. 2. Italicize all journals 3. In line 112, include page range of journal. 4. In line 113 and 117, et al not acceptable. List names and initials of all authors. 5. Put a full stop after journal name.	Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions Corrected as per suggestions
--	--	---

<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	1. The medical content of paper does not have enough needed depth. 2. The Grammar should generally be improved upon. 3. After a strict review by author in line with above comments.	

As per the guideline of editorial office we follow VANCOUVER reference style for our paper.

Kindly see the following link:

<http://sciencedomain.org/archives/20>