



SDI Review Form 1.6

Journal Name:	<u>Journal of Advances in Medical and Pharmaceutical Sciences</u>
Manuscript Number:	Ms_JAMPS_36205
Title of the Manuscript:	IN VITRO COMPARISON OF METRONIDAZOLE AND TINIDAZOLE ACTIVITY AGAINST TRICHOMONAS VAGINALIS STRAINS IN MAIDUGURI, NIGERIA
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	Some questions must be resolved prior to accept the MS for publication. This reviewer considers mandatory to re-write the conclusions of this research. 1) How the authors can differentiate inhibition growth (MIC) from lethal concentration (MLC)? (line 79) 2) Why you have 53 isolates assayed against metronidazole and only 49 against tinidazole? Are different isolates or the authors have studied the sensibility of the same isolates to both 5-nitroimidazole drugs? 3) According to the affirmation read in lines 97-98: Have the authors corroborate that the trophozoites have died? If not, that must be interpreted as MIC (not motile trophozoites), but if there are dead because authors have co-culture those not-motile flagellates in fresh medium and confirmed the lethal effect of drugs, in that case, they can know the MLC. 4) In the discussion section the authors could mention or express their opinion of the relevance of trichomoniasis in this region or in Africa in relation with the results exposed. In other words, discuss about the relevance of studying <i>T. vaginalis</i> susceptibility in regions as Arica where this STI is so prevalent. The last WHO report of 2012, Global incidence and prevalence of selected curable sexually transmitted infections 2008. Geneva, Switzerland: WHO” estimates more than 276 million cases per year, an 11% more than the estimation done in 2001. This could be also an interesting argument to justify this kind of epidemiological studies.	Thank you for your vital comments. 1. The MIC determined at the range where there is no motile Trophozoite of <i>T. vaginalis</i> and the tubes that showed no growth were sub-cultured to determine the latent concentration. 2. The 53 isolates/strains observed against metronidazole were not assay against it but observed after subjecting the inoculum into different conc. Likewise for tinidazole that was why there is variation in number of strains 49. Thank you, I will do the interpretation. 3
Minor REVISION comments	ABSTRACT: Please revise the symbols used in the abstract. Line 9: I suggest to change in the world by worldwide to reduce the length of the sentence. INTRODUCTION:	I have made all the corrections as suggested. Thank you very much I really appreciate.



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	- Line 25: This reviewer considers that the authors must mention the risk of PROSTATE cancer (the works of Sutcliffe and Alderete demonstrate the intervention of <i>T. vaginalis</i> infection in the risk of development of prostate neoplasia). In the same line the adverse pregnancy outcomes [1] could be removed as the authors explain this complication below (lines 28-29). - Line 36: In vitro must be in italics. - Lines 38-39: The authors mention the poor absorption of the drug. Metronidazole and tinidazole present excellent bioavailability. This affirmation should be removed from the manuscript. - Lines 40-41: The last sentence to finish the introduction is unnecessary. This reviewer suggests to remove the last sentence that does not give interesting information to the research. Moreover, a small paragraph with the objectives of the research could be included. - Please, abbreviate the genus <i>Trichomonas</i> by <i>T. vaginalis</i> in the introduction and in the rest of the manuscript (lines 36, 37, 55, 56). MATERIAL AND METHODS - Line 44: The first sentence has a messy redaction. Maybe High vaginal swab samples were collected in Maiduguri Nigeria from female internally displaced patients with /without clinical symptoms from July to November 2016. - Line 49: HCl. The letter L in lower case. - Line 53: observe the motile <i>Trichomonas</i> trophozoites and <i>Trichomonas</i> in italics. - Millilitres MUST be abbreviated as ml. Unify in all the document (lines 50, 51, etc) avoid using incorrect abbreviation such as "mle". - The symbol of degrees Celsius has to be separate by a space from the number. For example: 37 °C. Please correct in lines 56, 58. - Some explanations are unnecessary: Lines 59 to 61: Trypan blue differentiates [] of the chambers of the haemocytometer. And also lines 61-62 are also unnecessary The full grid on the haemocytometer contains [] and calculated . I suggest to remove these lines and include the next one as The cells were viewed under microscope using a haemocytometer. - Also lines 69 to 71 are needless: A volume of 9 ml of antibiotic-free medium [] aseptically into the first tube and mixed thoroughly. RESULTS AND DISCUSSION: - Please change all the in-vitro by <i>in vitro</i>	
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	(lines 83, 89, 103, 111, 115, 116) - <i>Trichomonas vaginalis</i> should be abbreviated to <i>T. vaginalis</i> and ALL in italics (lines 83, 85, 86, 89, 101, 110). - I do not found any discussion related with the grade of susceptibility in this African region in comparison with other research and data from other authors. I suggest to discuss about the relevance of studying <i>T. vaginalis</i> susceptibility especially in a region as Africa where trichomoniasis is very prevalent. CONCLUSIONS: - The conclusion about the use of tinidazole for trichomoniasis treatment is not relevant. Following European, CDC and WHO guidelines, tinidazole is recommended as second choice when metronidazole is unsuccessful. According to the results presented it would be more interesting to focus on the low-resistance cases as main conclusion and not in the use of tinidazole, which is well known. REFERENCE: This reviewer considers necessary an in-depth revision of the reference section to unify the writing according to the guide of authors.	
<u>Optional/General</u> comments		