SDI Review Form 1.6

Journal Name:	**Microbiology Research Journal International**
Manuscript Number:	**Ms_MRJI_38085**
Title of the Manuscript:	**Prevalence and susceptibility analysis of carbapenem resistant Gram negative pathogens in super specialty tertiary care center, Mumbai, India**
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	I do not see the purpose of testing the susceptibility of carbapenem-resistant strains toward B-lactam antibiotics, as by definition, the carbapenemases have the ability to hydrolyze penicillins, cephalosporins, monobactams, and carbapenems. Discussions such as "Ampicillin (BL) exhibited no sensitive response against gram negative bacteria. Similar findings for ampicillin resistance were seen by…" or "Moving towards cephalosporins (cefepime, cefuroxime and ceftriaxone), documented zero sensitive…" should not be addressed in the context of this study. Which is the standard for interpreting the CSE-1034 diameter in disk-diffusion? Tables 3 and 4 are completing each other. Only one would be sufficient. Nalidixic acid shod be reported only for urinary tract infections (or mention this). Cumulative antibiograms (graphs as % stacked columns) for Enterobacteriaceae and for Non-fermentative bacteria would give a better feedback on the resistance spectrum. This is especially if we consider the low number of some species (Citrobacter, Enterobacter), where the statistics is not applicable. There are references to doubtful publications (Earlier studies have also revealed 65-85% resistance against carbapenem). So if susceptibility of 15-35%, this means no carbapenemase (bat maybe overexpression of ESBL, AmpC which were misinterpreted) **Ethical Issue- Ethical Committee / Patient / Hospital consent should be mentioned in the manuscript.**	
Minor REVISION comments	"Gram" instead of "gram", as it is a proper name Antibiotic names should be standardized (e.g. "amoxicillin/clavulanic acid" instead "amoxyclav")	
Optional/General comments	Orthography needs revision (punctuation, general English revision). Many phrases are hard to follow, due to missing punctuation.	

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