



SDI Review Form 1.6

Journal Name:	Microbiology Research Journal International
Manuscript Number:	Ms_MRJI_45565
Title of the Manuscript:	EVALUATION OF THE mecA GENE INVASION RATE OF THE GRAM POSITIVE BACTERIA ISOLATED FROM THE PATIENTS WITH OTITIS
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	1 In the table are exposed Gram-positive only. And Gram-negative bacteria mentioned in text? It is not clear if no isolation of Gram negative bacteria was made, or if authors want describe only Gram-positive bacteria. I think that a mention about this matter might be necessary (pink) 2 PCR was determined only on 36 strains of <i>S. aureus</i> resistant to oxacillin? And what kind of resistance to methicillin, before studies on presence of <i>mecA</i> gene? I think that a table on this extraction from methicillin resistant strains might be useful. (Green)	1. I mentioned the general factors causing the disease in the introduction. I think it is important to talk about the general factors involved in the etiology. Gram negative bacteria were removed from the conclusion part of the discussion. 2. Oxacillin resistance is an important phenotypic indicator in determining methicillin resistance. Already confirmed by PCR evaluation.
Minor REVISION comments	Yellow evidence regards some words to adjust, but other similar words are present.	3. Yellow areas changed as you like. The other referees were evaluated together with their requests.
Optional/General comments	1 Analysis is interesting, but OE and OM are really two different aspects of otitis also for causative agents and other factors. Here are strictly related. 2 Very singular is the evident difference about data of men and women with regards to pathology, incidence, isolates and antibiotic resistance. What are for authors possible causes of these different patterns?	1. We found that there is a strong relationship between OE and OM. We think this is due to the relationship between anatomical structures. We think that delayed OE treatment makes these factors the same. 2. We believe that the information we provide here is original and sufficient for this article.