

Review Form 1.7

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Original Manuscript_IJTDH_117720
Title of the Manuscript:	Vulvovaginal Candidiasis Prevalence, Predisposing Factors, and Antifungal Susceptibility Patterns Among Pregnant and Non-Pregnant Women at the Buea Regional Hospital in Cameroon
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:

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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)
<p>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>1.Yes,it is having an evergreen existence till humans live. Candidal vulvovaginitis is a very common condition that affects up to 75% of women at least once in their lifetime. Several factors may be implicated in the genesis of VVC specifically during pregnancy. Nowadays,the species variation and antifungal resistance pattern is also very much varied, so its high time to do the microbiological evaluation for proper treatment of VVC .</p> <p>2. Its too long and not catchy,so it can be changed to "Epidemiology of vaginal candidiasis and its antifungal susceptibility pattern at the Buea regional hospital in Cameroon" (Optional)</p> <p>3.Yes</p> <p>4.Good</p> <p>5.Minor correction needed</p> <p>6 Sufficient in number but try to add recent studies(especially last 5 years for discussion) and read it properly.</p> <p style="text-align: center;">SUGGESTIONS</p> <p>1. INCLUSION CRITERIA OF PATIENTS</p> <p>2. <i>Candida</i> is part of the normal flora in many women and identified as asymptomatic carriers. Therefore, candidal vulvovaginitis requires both the presence of <i>Candida</i> in the vagina and associated symptoms (eg, irritation, itching, dysuria, or inflammation) INCLUDE SYMPTOMATIC CASES IN BOTH GROUP AS POSITIVE. DIDN'T MENTION THIS IN INCLUSION CRITERIA BUT INCLUDED IN RESULTS</p> <p>3. BY RANDOMLY INCLUDING PREGNANT AND NON PREGNANT FEMALES IS NOT SUFFICIENT BECAUSE IT HAS TO BE PROVEN WHETHER IT'S A COLONISATION OR INFECTION OF CANDIDA</p> <p>2.SPECIMEN COLLECTION</p> <p>4. High vaginal swab is preferred rather than LVS (REFER Text book –KONEMAN</p> <p>5. Ideally two swabs for microscopy and culture</p> <p>3.ABSTRACT-Result</p> <p>6. Predisposing factors such as history of candidiasis was associated with VVC in pregnant women ($P=0.009$) –IT SHOULD BE CORRECTED AS PREVIOUS VVC CAN LEAD TO RECURRENT VVC IN PREGNENCY</p> <p>4.DISCUSSION</p> <p>7. The study showed that previous infection with VVC or known history of candidiasis was significantly associated with VVC in pregnant women. This corroborates other studies by Khan et al. [14] and Kombade et al. [23] who reported a high prevalence in of VVC among women who had previous Candida infection –</p> <p>8. HERE ALSO SAME AS TO BE CORRECTED ,BECAUSE THESE JOURNALS ALSO NOT SUBSTANSIATE THIS STATEMENT.</p> <p>5. 2.5 Germ Tube Test</p>	

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	<p>9. A germ tube test was carried to further confirm the presence of pathogenic <i>Candida albicans</i> since they are the only species in the genus <i>Candida</i> which are germ tube positive "and a normal flora"- DELETE</p> <p>(C. DUBLINIENSIS ALSO GERM TUBE POSITIVE AND CAN BE DIFFERENTIATE IN CHROM AGAR WITH DARK GREEN COLONY)</p> <p>6. 2.6 Susceptibility of isolates to antifungal agent SPECIFY THE CLSI REFERNECE OF YEAST WITH ITS CODE (Anitifungal disk concentration and company name has to be add Capsfungin disk diffusion test not valid and for vaginitis also</p> <p>7. 3.3 Distribution of VVC among symptomatic and asymptomatic women DID BACTERIAL AND PARASITIC VAGINOSIS EXCLUDED? HERE MICROSCOPY WILL HELP FOR THAT.</p> <p>8. 3.7 Frequency of occurrence of isolated <i>Candida</i> species in the study population Antifungal susceptibility pattern of 32 isolates of <i>Candida</i> species from pregnant women (3.6 AND 3.7 TITLE IS REPEATING)</p> <p>9. Table 5: Antifungal susceptibility pattern of Vulvovaginal Candidiasis isolated in pregnant women. No Intermediate- its now Susceptible-Dose Dependent (S-DD) refer clsi of yeasts</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>LANGUAGE CAN BE MODIFIED WITH A CONTINOUS FLOW .</p>	
<p>Optional/General comments</p>	<ul style="list-style-type: none"> • PROPER READING OF CURRENT REVIEWS WILL HELP YOU MORE TO ADD YOUR KNOWLEDGE • TABLES CAN BE MORE CONSCICE OR CAN BE MEGED AND MORE PRESENTABLE • AFTER THESE CORRECTIONS YOU CAN GO AHEAD WITH YOUR SINCERE EFFORT. 	

PART 2:

	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)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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