

## Review Form 1.6

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| Journal Name:            | <a href="#">Journal of Pharmaceutical Research International</a>    |
| Manuscript Number:       | Ms_JPRI_78831   |
| Title of the Manuscript: | Prevalence and Antibigram of Multidrug Resistant Klebsiella Species |
| 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) |
|-------------------------------------|--|---|
| <b>Compulsory</b> REVISION comments | <p>- A native English language review is required.</p> <p><b>Abstract</b></p> <ul style="list-style-type: none"> <li>- Was it not used Mueller Hinton Agar to perform antimicrobial susceptibility testing (AST)?</li> <li>- It was not clear which antimicrobials were tested since the writing of materials and methods is different from the results.</li> <li>- Amoxicillin resistance to <i>Klebsiella</i> is common due to intrinsic beta-lactamase.</li> <li>- I do not think 68% is a high sensitivity for piperacillin-tazobactam.</li> </ul> <p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>- Multidrug resistance is defined as an isolate that shows resistance to at least three classes of antimicrobials (see Magiorakos et al. 2012 Clin Microbiol Infect).</li> <li>- The terms 'antimicrobial enzymes formation' and 'extrusion of efflux pump' are not correct. Please change.</li> <li>- <i>Klebsiella pneumoniae</i> is a facultative anaerobe bacteria.</li> </ul> <p><b>Materials and Methods</b></p> <ul style="list-style-type: none"> <li>- Add more details about the clinical setting.</li> <li>- Add ID number of the ethical approval.</li> <li>- What guideline was used to perform the AST procedure?</li> <li>- How <i>Klebsiella</i> species were identified?</li> <li>- I suggest reviewing AST interpretation according to the updated document and it correctly.</li> <li>- Why the authors did not investigate ESBL and carbapenemase producers by phenotypic tests?</li> </ul> <p><b>Results</b></p> <ul style="list-style-type: none"> <li>- I suggest reviewing the MDR profile based on Magiorakos et al.</li> <li>- Please review, 35% were MDR and 64% were not MDR, what about the missing 1%?</li> <li>- Would it be possible to know more about the patients' clinical data? Age group? Comorbidity? Outcome?</li> <li>- What <i>Klebsiella</i> species have been identified?</li> <li>- Tables 1 and 2 are confusing, concerning the total number of MDR and not MDR based on gender and source distribution.</li> <li>- In Figure 1, what is C/T? Add legend.</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>- Has ampicillin been evaluated? <i>Klebsiella</i> is intrinsically resistant.</li> <li>- It is important to define <i>Klebsiella</i> species to understand amoxicillin-clavulanate resistance. Were there many <i>Klebsiella aerogenes</i>?</li> <li>- Imipenem is a carbapenem, why describe carbapenem resistance rate apart from imipenem? It was confusing.</li> <li>- I suggest improving the discussion. You could include a critical analysis of the impact on local antimicrobial therapy. Compare epidemiological profiles next to geographical regions and worldwide.</li> </ul> <p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>- If clinical data were not explored, high morbidity and mortality could not be attributed to their results.</li> </ul> |   |
| <b>Minor</b> REVISION comments      | <p><b>Abstract</b></p> <ul style="list-style-type: none"> <li>- The study design is not a pre-clinical study, please review.</li> <li>- Add country in place.</li> <li>- Please, replace 'amoxiclave' with 'amoxicillin-clavulanate'.</li> <li>- Please correct the keyword spelling – resistance.</li> </ul> <p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>- Write <i>Klebsiella pneumoniae</i> (italic).</li> <li>- Write <i>Klebsiella</i> (italic).</li> </ul> <p><b>Materials and Methods</b></p> <ul style="list-style-type: none"> <li>- Add ID number of the ethical approval.</li> <li>- In 'fermenting mucoid colonies', add lactose.</li> </ul>   |   |

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| <b>Optional/General</b> comments | The authors evaluated the antimicrobial susceptibility testing of 550 Klebsiella sp. isolated from patients at a tertiary hospital located in Karachi, Pakistan, between May and October 2021. It is important to know about antimicrobial resistance profiles of several geographical regions, although this study did not explore the global landscape such as ESBL and carbapenemase producers. |  |
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**PART 2:**

|   | <b>Reviewer's comment</b>  | <b>Author's comment</b> <i>(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)</i> |
|---|--|---|
| <b>Are there ethical issues in this manuscript?</b> | <i>(If yes, Kindly please write down the ethical issues here in details)</i> |   |

**Reviewer Details:**

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|----------------------------------|---|
| Name:                            | <b>Jussara Kasuko Palmeiro</b>                      |
| Department, University & Country | <b>Federal University of Santa Catarina, Brazil</b> |