Reviewer's report

Title: Human lactobacilli as adjuvant given to patients with bacterial vaginosis reduce the recurrence rate after vaginal clindamycin therapy; a 6 month double blind randomized placebo controlled study.

Version: 3 Date: 11 May 2007

Reviewer: Gregor Reid

Reviewer's report:

General
There are so many spelling and grammatical errors, it would take me a lifetime to write them all out! In future, please have someone review before submission.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I have a number of concerns about this paper.

1. The use of lactobacilli does not constitute an adjuvant. This term should not be used.
2. What was the rationale for repeated vaginal therapy for three months? This does not constitute cure of BV.
3. BV can be caused by aerobic bacteria and Gram positive Atopobium. Please update your knowledge of the condition.
4. Treatment of BV does not reduce the incidence of Preterm labour – not if you look at all the literature.
5. This is not the first study on augmentation of antibiotics with probiotics to treat BV. See Anukam et al. 2006.
6. The paper by Anukam in late 2006 showed that lactobacilli could cure BV, so the statement on page 5 is incorrect.
9. What is the sample size calculation and why were sexually transmitted infections not ruled out given their high occurrence in BV subjects?
10. Was BV cured by the time lactobacilli was given? If so, you are using the lactobacilli to prevent recurrence not treat BV.
11. As the lactobacilli used here did not work (see first month's results – 64% v 74%), you should discuss this. Presumably the strains do not have the appropriate properties to populate the vagina and interfere with the process of BV.
12. Were subjects instructed how to take swabs? How was compliance checked?
13. Bacteria are not roughly recorded. They must be precisely enumerated.
14. Sentence for reference 17 is completely incomprehensible!
15. What is increased discharge?
16. No antibiotics should have been given. If subjects had UTI or other conditions prior to entry, these should have been cured before inclusion of the patients into the BV study.
17. Presumably the 18 candidiasis patients were not included in the BV analysis. Why would resolution of candidiasis have any effect on malodour caused by amine production by BV organisms?
18. Be careful how you report adverse events. How can whiplash ever be perceived to be due to lactobacilli or placebo!! Who got UTI in which group at what time of the study?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Use 'microbiota' instead of 'flora'.
Lactobacillus should be italicized.
'Motile' bacteria, not 'mobile'.
Women 'who', not women 'that'.
The visit 'was' due, not 'should be' due. ….

Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.