Author’s response to reviews

Title: Antimicrobial Susceptibility Patterns of Bacteria Isolated From Patients With Ear Discharge in Jimma Town, Southwest, Ethiopia

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Subject: A Point-by-Point Response to the Reviewers’ comments

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Dear Saeedia Khwaja

Editor in chief
BMC Ear, Nose and Throat Disorders

Thank you for sending us the second time relevant comments of the reviewers and the editorial office of Journal of BMC Ear, Nose and Throat Disorders, who have carefully commented and evaluated our manuscript, entitled “Antimicrobial Susceptibility Patterns of Bacteria Isolated from Draining Otitis Media Patients in Jimma Town, Southwest, Ethiopia ”.

We have addressed the comments and we look forward to see our manuscript get published.
Yours sincerely,

Zeleke M

Comments by Editor:

Comment/suggestion: AS THE ASSOCIATE EDITOR, CAN I PLEASE ALSO ASK THE TITLE BE CHANGED TO EAR DISCHARGE (instead of from draining otitis media) AS THE BIGGEST STUMBLING BLOCK IS THE LACK OF A RECOGNISED DIAGNOSTIC FRAMEWORK TO DEFINE THE CHRONIC OTITIS MEDIA AND DIFFERENTIATION FROM OTITIS EXTERNA. THIS NEEDS TO BE STATED IN THE INTRODUCTION AND EXPLAINED THIS IS BECAUSE OF THE LIMITED RESOURCES AVAILABLE AT THE FACILITIES, THIS WILL THEN BE FOLLOWED UP BY YOUR OWN DEFINED FRAMEWORK OF TIME FOR ACUTE AND CHRONIC DISCHARGE AND ASSUMPTION THIS IS OTITIS MEDIA IN THE DISCUSSION. THE DATA WILL NEED ANALYSING OVERALL AS ONE COHORT AND THEN AGAIN USING YOUR OWN FRAMEWORK OF ACUTE AND CHRONIC.

Response: We have accepted this comment/suggestion and made necessary corrections in the respective sections:

Title: Now the title is revised as per the comment and read as follows ‘‘Antimicrobial Susceptibility Patterns of Bacteria Isolated From Patients With Ear Discharge in Jimma Town, Southwest, Ethiopia’’…….line -1 page 1

Again based on the comments above, we have made revision and as well add new reference to address the concerns and accordingly the following sections and lines numbers indicate where changes made

Background: Line 19, and lines 30 to 43, page 2-3 including the addition of references

Methods: Lines 52 to 56, and lines 61 to 62, page 4

Results: Line 95, and line 97 to 98 Page 6

Lines 112 Page 7 (Table 1),

Lines 121 to 122, and lines 125 to 126 (Table 2), page 8

Lines 140 to 141 and line 143 page 9
(Reviewer 2): I am still uncertain about the patient selection and classification of disease. As per the previous comments CSOM makes up a broad spectrum of conditions. Where have the authors got their definition of AOM <14 days and CSOM > 14 days? Can this be referenced? Or perhaps state that locally this is your accepted definition (which as you have highlighted will be a limitation of the study as its applicability will reduce)?

Response: Yes, we agree that OM and CSOM make up a broad spectrum of clinical conditions and due to lack of routine otoscopic evaluation of patients with OM, perfect diagnosis and classification of OM is challenging in most of the developing countries including the study sites. Even if OM is classified in different ways just based on the duration of illness, in the study setting and other surrounding health facilities, ear infection is classified as acute and chronic just based on the duration of symptoms (14 days being the cutoff), and hence we just used this classification approach in our study. See background section line 28 to 35 and methods section line 51 to 54 and as per the recommendation, we have added a reference (Ref 7 & 8), Background; Line 36 page 3.