Author’s response to reviews

Title: Prevalence and antimicrobial susceptibility of asymptomatic bacteriuria among women with pelvic organ prolapse in Abakaliki, South-East Nigeria.

Authors:
Kenneth Ekwedigwe (ekwedigwe@yahoo.com)
Ileogben Sunday-Adeoye (juladeoye@yahoo.com)
Monday Eliboh (osazemonday@gmail.com)
MARADONA ISIKHUEMEN (maradona4real2002@yahoo.com)
Henry Uro-Chukwu (henryuchukwu@yahoo.co.uk)
Paul Ezeonu (olisaemekapaulo@yahoo.com)
Babafemi Daniyan (babafemidaniyan@yahoo.com)
Emmanuel Yakubu (emayaks@yahoo.com)

Version: 1 Date: 17 Jun 2017

Author’s response to reviews:

Response to Reviewer comments

Thanks for reviewing our paper. We have provided our response to the best of our knowledge. Kindly check the corrections. The major issue raised in this manuscript was that the discussion failed to review other related studies on Asymptomatic bacteriuria in women with pelvic organ prolapse. For the purpose of avoidance of doubt we wish to state clearly that literature is lacking with regards to this subject hence what we did was to compare and discuss asymptomatic bacteriuria in normal, elderly and other groups of women. We believe this will be useful in this manuscript hence they were not removed. Also a general background information and discussion relating to pelvic organ prolapse was given so that readers who are not too familiar with the subject will have a fair knowledge. Our responses have been presented below and other comments made within the text have also been responded to within the text. Thanks once again for your quality and standard review which we believe will improve this manuscript.
Reviewer reports:

Anthony Agbata (Reviewer 1): Abstract: The abstract is acceptable. there are some minor corrections to be made. see comments on the manuscript.....Response: This has been corrected

Background: The background had a lot of information on pelvic organ prolapse which were not relevant to the topic. Background gave a general overview of the subject

Materials and methods: see comments on reviewed manuscript.....Response: some background information have now been removed

Results: Table 2 and 3 are not necessary and authors should consider deleting them. Response: Table 3 and 4 deleted.

Table 5 appears poorly presented. Response: Table five appears quite large because it talkes about the organisms involved, its sensitivity and resistance pattern.

Discussion: see comment on manuscript. Response: This has been noted. Thank you

Azubuike Onyebuchi (Reviewer 2): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

COMMENTS

P2,L24: SPSS rather old; currently IBM SPSS since 2009. Response: Well what we used in this study was SPSS and was reported as such. Thanks.

P2,L40: Sensitivity pattern was not captured in your conclusion. Response:Thanks. This has now been captured in the conclusion.

P3L46: There should be space after superfix 10. Response: Corrected.
P4L2: Organisms should be Organism. Response: Corrected, thanks

There was nothing on susceptibility in your introduction. Response: Literature is lacking in this subject with regards to pelvic organ prolapse

P4L58: The study is descriptive rather than analytical. Response: Ok it has been corrected

P5L5: "on the finding the prevalence": needs to be corrected. Response: This was a repetition and so the entire sentence has been removed

P5L7: add as well as bacteriological susceptibility patterns. Response: This is already covered in the aim of the study and has been pointed out by the second reviewer. Thanks

P5L22: why was the sample size increased to 96. Response: The minimum sample size calculated was 58. We are aware that whereas you can not go below the minimum sample size for a study, it may be improved upon so as to improve the power of the study.

P5L32: How was urine collected to ensure clean catch. Response: With the aid of a catheter

P5L32: What type of sterile container was used. Response: Universal sterile bottle

P5L53: Detail of sensitivity card used is needed Response: The sensitivity card used was Abtek. Another antibiotic was introduced to it, making it 9

P7L33: Table 2; What is the purpose of the t-test as this finding cannot be used to determine if age is a risk factor. Reply: Table 2 has been removed as it adds no additional knowledge to the literature

P7L43: Table 3; similar to above. Reply: Same as above

P8L45-59: Tetracycline, Chloramphenicol, Cloxacillin, Streptomycin, Nalidixic acid, Augmentin, Erythromycin, Amoxicillin and Nitrofurantoin were not among the antibiotics used in your methodology; refer to P5L54-56 Reply: This has now been included in the methodology section.

P9L56: Table 5; Proteus is both sensitive and resistant to Nalidixic acid, Gentamycin and Ofloxacin: How? Response: Sorry, it has been corrected. Thanks

P10L1-15: Similar to comment in P8L45-59 above Reply: The methodology has been corrected.
What is the basis of comparing patients with POP and pregnant women; They are of different population. Response: Well, both are women and since literature is lacking for asymptomatic bacteriuria in women with prolapse, we decided to review other closely related articles.

This study is not on pregnant women. Response: Yes but its just for comparison since they are also women.

This study nor the study quoted here did not compare asymptomatic bacteriuria (AB) in pregnant women versus in women with POP. Response: An explanation was attempted as to why our study would differ from that of pregnant women.

The population for comparison are dissimilar. Reply: They are dissimilar but appear relevant since studies are lacking in women with prolapse.

Explaining the difference in prevalence in males versus females in not necessary for this work as it is not part of this work. Reply: Yes this has been removed as males are an entirely different population.

Does it mean that VVF is a greater risk factor for AB than POP; This inference cannot be drawn from this study, hence the statement is not necessary. Reply: We felt it should be mentioned especially because it was done in a similar setting and both groups involve urogynecology.

What proportion of women that had AB had organisms that were sensitive to Ciprofloxacin; What organisms were sensitive to Ciprofloxacin. Reply: This is already shown in table 3.

Most are also sensitive to commonly prescribed antibiotics. Response: Yes

Conflict of interest was not declared: Reply: This has been declared.

Limitation of study was not seen: Reply: This has been added.

Recommendations from the study was not available. Response A statement has now been made on recommendation. Thanks.