Author’s response to reviews

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

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Andrey Petrikovets, MD FACOG (Reviewer 3): Thank you very much for allowing me to review this manuscript.

This is a cross sectional study of patients with asymptomatic bacteriuria in the setting of pelvic organ prolapse in Nigeria. Below are my comments:

Background: Please move toward focusing on asymptomatic bacteriuria and its diagnosis and also symptomatic bacteria which does not require a 10^5 colony count for diagnosis. Please remove obstetric complication reference as it is not relevant. Focus on why it is important to identify asymptomatic bacteriuria and its consequences in greater detail. Define recurrent UTIs. Response: Irrelevant information have now been removed.
Methods: Please remove the formula, just note the statistical test that was used. The entire section should be under the heading Materials and Methods. No subheadings. Response: corrected.

Results: Please report data as n(%) instead of a separate column for %. I am not sure why husband occupation is included in the data. Response: corrected. Husband's occupation is mentioned because of its socioeconomic significance in Africa.

Table 3: Busy and too difficult to read. Please organize. Response: It has been reviewed but we think it will be clearer following a proper typesetting.

Discussion: Please comment further on limitations of this study, i.e. lack of a control group, selection bias. Please comment on generalizability of the data. Please stay away from making a recommendation as the data does not support it. You can only state patterns, not recommendations from cross sectional data. Regardless of the findings of this study, the urine culture will still guide your management. Better to prescribe an antibiotic that has the lowest rates of resistance, i.e. microbid and wait for the results of the urine cultures before tailoring therapy. Response: Corrected.

Amr Mahran, MD, MS (Reviewer 4): This manuscript studies the prevalence of asymptomatic bacteriuria in patients with pelvic organ prolapse in a city in Nigeria.

This manuscript sounds interesting, nicely reviewed and will be of interest to BMC journal readers. To my knowledge, it is the first time to study this research point. At this moment, I congratulate the authors for this nice work. However, there are minor comments to the authors; they need to address.

Specific comments:

* P8 L37: I suggest using "included" rather than "involved". Deleted based on comment of another reviewer.

* P10 L32: (Table 1) only is fine.
* P12 L49-52: I agree with the authors to compare their results to those in pregnant women. However, they need to explain why? Something like "The pregnant women are at risk of right and sometimes bilateral hydronephrosis due to the pressure induced by the gravid uterus on the right or both ureters respectively (citation). This seems comparable to POP where kinking of the ureters is the cause of hydronephrosis" (rephrase as the authors prefer). Response: thanks for the information

* P13 L17-19, vesicovaginal fistulae have a completely different etiology for UTI, so shouldn't be mentioned. It doesn't make sense at all. Please, delete. Response: most of the information relating to vesicovaginal fistula have now been removed. Thanks