

Review Form 1.6

Journal Name:	Journal of Advances in Microbiology
Manuscript Number:	Ms_JAMB_92180
Title of the Manuscript:	PATTERN OF DRUG RESISTANCE AMONG PATIENTS WITH TUBERCULOUS PLEURAL EFFUSION IN TB CULTURE & DRUG SUSCEPTIBILITY LABORATORY, JAMNAGAR
Type of the 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)
Compulsory REVISION comments	<ol style="list-style-type: none"> The author reviewed 469 patients' records of suspected Tuberculous Pleural effusion (TPE) over two years. Out of 469 samples, only 33 samples (7.03%) were culture positive for <i>Mycobacterium tuberculosis</i>. However, the author did not mention the confirmed number of patients with TPE. The 469 samples may include non-TPE such as Malignant PE, Para pneumonic PE and other rare causes of pleural effusion. The culture positivity rate should be calculated with biopsy-proven confirmed cases of TPE. The culture positivity rate of 7.03% is not the positivity rate of TPE. Instead, it is the positivity rate of all causes of pleural effusion. This is the reason for the lower culture positivity rate (7.03%) compared to other studies. (Various studies have reported culture positivity rates varying from 29.7%⁽¹⁰⁾, 20.7%⁽¹⁴⁾) This also did not fulfil the aim of determining the prevalence of tuberculous pleural effusion. Detection of drug-resistant patterns is good and acceptable. 	<ol style="list-style-type: none"> Thank you for reviewing our article. As per your comment on culture positivity rate of TPE, we have taken presumptive pleural effusion samples received at our laboratory in the study and counted the rate. We didn't trace the negative culture samples for other causes of pleural effusion. We have counted the culture positivity rate from the submitted presumptive samples which showed the mycobacterial growth in culture. Similar pattern of positivity rate seen in reference article no. 10 & 15 mentioned in full text. 2. we have revised the aim from prevalence to culture positivity rate.
Minor REVISION comments	<ol style="list-style-type: none"> No Aims and Objectives stated in the full text. Only mentioned in the abstract. N=469, not 439 in figure 1. <p>Figure 1: Positivity rate in Tuberculous pleural effusion suspected patients pleural effusion samples (n=439)</p>	<ol style="list-style-type: none"> Aims and objectives mentioned in the full text N=469 corrected.
Optional/General comments		

PART 2:

	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)
Are there ethical issues in this manuscript?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <p>No ethical issue. This study is a retrospective descriptive chart review of patients with pleural effusion. There is no patient identifier. Also, the study got approval from Ethical Institution Committee.</p>	