

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 56620

Title: Predictive factors for early clinical response in community-onset E. coli urinary tract infection and effects of initial antibiotic treatment on early clinical response

Reviewer's code: 02579156

Position: Peer Reviewer

Academic degree: MD

Professional title: Director, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2020-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-08 13:51

Reviewer performed review: 2020-05-09 04:59

Review time: 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The purpose and significance of the experiment were good. This experiment found that initial appropriate antibiotic therapy was good predictive factor for an early clinical response, and the initial broad-spectrum antibiotic therapy or initial severe presentations didn't impact on an early clinical response. But, it didn't achieved the research objectives. The manuscript not good in language, for example, " 72 hr " and " 72 h " , " a stay in a healthcare facility before admission " not in community, et al. The figures and tables not good quality illustrative of the paper contents.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 56620

Title: Predictive factors for early clinical response in community-onset E. coli urinary tract infection and effects of initial antibiotic treatment on early clinical response

Reviewer's code: 00505621

Position: Peer Reviewer

Academic degree: DVSc, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2020-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-14 09:01

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Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this study, Young Jun Kim aimed to evaluate the clinical significance of early clinical response and the impact of severe presentations and initial antibiotic therapy on early clinical response in community-onset *E. coli* UTIs. The results suggested initial appropriate antibiotic therapy was good predictive factor for an early clinical response. However, the initial broad-spectrum antibiotic therapy or initial severe presentations didn't impact on an early clinical response. This study has provided the helpful information that physicians should restrictively use initial broad-spectrum antimicrobials to treat patient suspected of having multi-drug resistant pathogens. The manuscript might be accepted after a moderate revision. Major comments: 1. One of major conclusions of this study is "severe presentations in community-onset UTIs were not poor predictive factors for an early clinical response". However, "Initial septic shock more frequently occurred in patients without an early clinical response than in patients with an early clinical response (28.3% [49/173] vs. 20.4% [69/338], $p = 0.045$). Concurrent bacteremia was observed in 45% (230/511) of patients. The patients without an early clinical response more frequently had concurrent bacteremia than the patients with early clinical response (51.4% [89/173] vs. 41.7% [141/338], $p = 0.039$). (lines 119-124)", so among severe presentations in community-onset UTIs, both "initial septic shock" and "concurrent bacteremia" seemed to be good predictive factors for an early clinical response while "acute renal injury" and "renal and perirenal abscesses" were potentially not predictive factors for an early clinical response (lines 124-127). The conclusion "severe presentations in community-onset UTIs were not poor predictive factors for an early clinical response" might be defined separately, other than concluded ambiguously. 2. As to the definitions of severe presentations in community-onset UTIs, "Septic shock was defined as sepsis with hypotension (systolic blood pressure less than 90 mmHg or

40 mmHg less than the patient's baseline blood pressure) for at least 1 hr despite adequate fluid resuscitation (lines 90-92)", and "Acute renal failure was defined as an increase of more than 300% in serum creatinine levels from baseline (or serum creatinine \geq 4.0 mg/L with an acute increase of at least 0.5 mg/dl) (lines 92-94)", for UTI patients enrolled in this study, what are the levels of hypotension and serum creatinine of patients with severe presentations, are they presented in a table or a figure? 3.For "Concurrent bacteremia", which pathogens were involved except for E. coli? What is the prevalence of these pathogens? Authors might provide some information. Minor comments: 1.In lines 39 and 58, ".....for an an early clinical response" should be ".....for an early clinical response".

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 00505621

Position: Peer Reviewer

Academic degree: DVSc, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2020-05-08

Reviewer chosen by: Ya-Juan Ma

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Authors have placed down all my comments, and the manuscript is generally accepted.