



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54787

Title: Risk factors, incidence, and morbidity associated with antibiotic-associated diarrhea in intensive care unit patients receiving antibiotic monotherapy

Reviewer's code: 05130626

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-02-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-02-19 08:23

Reviewer performed review: 2020-02-23 14:10

Review time: 4 Days and 5 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	[Y] Anonymous
<input checked="" type="checkbox"/> Grade C: Good				[] Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish		<input checked="" type="checkbox"/> Major revision		[Y] Advanced
	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Rejection		[] General
				[] No expertise
				Conflicts-of-Interest:



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Yes

No

SPECIFIC COMMENTS TO AUTHORS

Comments for authors: I am most grateful for this review opportunity. The article is a well-structured, single-center, case-control study discussing risk factors for antibiotic-associated diarrhea (AAD) in patients receiving intensive care with antibiotic monotherapy. I think this paper is well designed and well written. However, I think the manuscript needs major revision including statistical methods as follows: Major comments: 1. I cannot understand why the authors excluded patients who received combined antibiotics therapy. I think it is better to include all patients who received antibiotics. The author should included all patients who received antibiotics or clearly explain the reason why they limited patients who received monotherapy only. 2. Because protective effects of probiotics for AAD have been established, authors should consider use of probiotics as a confounding factor of the study. If the authors cannot evaluate probiotics use in the present study, the authors must clearly mention it as a limitation. 3. The methods of multivariate analyses are unclear to me. Because the authors intend to evaluate predictive (risk) factors of AAD patients compared to non-AAD patients, logistic regression should be appropriate (because the objective variable is binary (non-contentious)). However, the authors mentioned performing multivariate regression analysis. If they performed multivariate regression, "odds ratio" should be "regression coefficient". 4. Furthermore, odds ratio of age, ICU stay time,



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duration of antibiotics was less than 1.0, which means higher age, longer ICU stay, longer antibiotics use are protective factors of AAD! I think these results are inverted. 5. According to above comments, I strongly recommend 1) re-evaluation using logistic regression analysis or 2) confirmation of "Odds ratio", "regression coefficient", and presence of inverted results. 6. Because AAD patients are only 45, explanatory variables included in multivariate regression (such as logistic regression) should be 4-5 factors. The authors should mention the instability of regression model due to including too-much factors in limitation paragraph. 7. To improve the regression model, I suggest categorization of continuous variables. 8. I think what the authors mentioned in "conclusion" is excessively expansion of the results. Statistical methods performed in the present study are association evaluation. "Association" is not always means "causal relationship" especially in "case-control study" such as the present study. For example, the association between longer ICU stay and higher proportion of AAD patients does not always mean that longer ICU stay causes AAD. Therefore, I do not think this study means that "ICU treatment time of patients should be shortened" to reduce AAD as the authors insist. 9. 2.1 Design, participants, and inclusion/exclusion criteria: "The study used a single-center retrospective design." I think this study should be described as a case-control study because the authors evaluate factors associated with adverse outcome (i.e. AAD) by comparing cases with AAD to control cases (Non-AAD). Minor comments: 1. Abstract-conclusion: "longer ICU stay time ," should be "longer ICU stay time," 2. 1. Background: "AAD has become an important nosocomial infectious disease, especially in critically ill patients" AAD is not always infectious condition. The authors should replace AAD to CDAD or remove "infectious" in the sentence. 3. 1. Background: "condition[7]" should be "condition [7]" 4. a. Background: "Currently, research studies on AAD [8-10] found..." research and studies should be simply "researches" or "studies". 5. 2.2.1 Diagnosis of AAD: The meaning of "smear of the stool has a



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dysbacteriosis or stool culture to detect pathogenic bacteria.” is unclear to me. If “stool culture to detect pathogenic bacteria.” means positive stool cultures, the causative agents should be mentioned in the “result” or any tables. Furthermore, I recommend to clearly define “dysbacteriosis”. 6. 4. Discussion “In our study, In our study,”: Please remove excessive “in our study”. 7. Basic disease and underlying diseases should be unified to “underlying diseases” 8. 4. Discussion “association analysis” is unclear to me. Specific method should be indicated here. 9. Table 2: I think it is better to p-values of the comparison of the proportion between AAD group and Non-AAD group in the table.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
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- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54787

Title: Risk factors, incidence, and morbidity associated with antibiotic-associated diarrhea in intensive care unit patients receiving antibiotic monotherapy

Reviewer's code: 00503243

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2020-02-19

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-02-23 09:25

Reviewer performed review: 2020-02-29 14:34

Review time: 6 Days and 5 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input checked="" type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Rejection		<input type="checkbox"/> Advanced
				<input checked="" type="checkbox"/> General
				<input type="checkbox"/> No expertise
				Conflicts-of-Interest:



Yes
 No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting manuscript facing with the relevant problem of factors influencing antibiotic associated diarrhea in intensive care unit. The manuscript is well written and the conclusions are supported by the statistical analysis both uni and multivariate. The limitations of the study is the relative small number of patients, the retrospective study is acknowledged by the authors themselves. Overall the study is useful for physicians dealing with such problems

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54787

Title: Risk factors, incidence, and morbidity associated with antibiotic-associated diarrhea in intensive care unit patients receiving antibiotic monotherapy

Reviewer's code: 00503243

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2020-02-19

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-04-17 14:21

Reviewer performed review: 2020-04-17 14:24

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript that I have had the opportunity to evaluate is well written and useful for the physicians involved in problems like this one

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
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- Plagiarism
- No

BPG Search:

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- Plagiarism
- No