

### Specific comments

### Abstract

You got *Enterobacter ludwigii*, *Klebsiella aerogenes* as plasmid bearing but where your *Escherichia coli* bacteria ! Explain. How you get strain number. Delete those stain numbers or delete Table 4:24.

You did biochemical tests, give the data (one set only) in result section

You must explain your data with multi-resistance and reason of drug void. Give some references which can explain the mechanism of drug resistance. This will make the study worthwhile.

Chakraborty AK, Pradhan S, Das S, Maity M, Sahoo S, Poria K. (2019) Complexity of OXA Beta-Lactamases involved in Multi-Resistance. *British J Bio-Medical Res.* 3(1): 772-798. Doi: 10.24942/bjbmr.2019.424.

Chakraborty AK, Poiria K, Saha D, Halder C, Das S. (2018) Multidrug- Resistant Bacteria with activated and diversified MDR Genes in Kolkata Water: Ganga Action Plan and Heterogeneous Phyto-Antibiotics tackling superbug spread in India. *Ame J Drug Deli Ther.* 5 (1), 1-9.

Chakraborty AK (2017) MDR Genes are created and transmitted in plasmids and chromosomes to keep normal intestinal microbiota alive against high dose antibiotics- A Hypothesis. *J Mol Med Clin Appl* 2(1): 109, Pp. 1-9. doi <http://dx.doi.org/10.16966/2575-0305.109>.

Chakraborty AK (2019) Current status and unusual mechanism of multi-resistance in *Mycobacterium tuberculosis*. *J Health Med Informatics.* 10 (1): 328. Doi: 10.4172/2157-7420.1000328.

Chakraborty AK, Muneim GE, Pradhan S and Adhikari A. (2018) Superbug horror and its relations to antibiotics, probiotics and vitamins. *J Pharm Toxicol.* 1(1), 8-13.

### Introduction

“Rivers State, created on May 27, 1967 out of the former Eastern Region of Nigeria is located in the Niger Delta region”

Correct the sentence!!!!

### Material and Methods

**“Standardization of inoculum**

Approximately 85 ml of 1% sulfuric acid ( $\text{H}_2\text{SO}_4$ ) was added to a 100ml volumetric flask. Using a volumetric pipette, 0.5ml of 1.175% anhydrous barium chloride ( $\text{BaCl}_2$ ) was added drop-wise to the 1% sulfuric acid ( $\text{H}_2\text{SO}_4$ ) while constantly swirling the flask. Then the solution was brought to a volume to 100ml with 1%  $\text{H}_2\text{SO}_4$ . Stir for 5 minutes while examining visually, until the solution appears homogeneous and free of clumps. The optical density (OD) of the McFarland standard was checked at a wavelength of 625nm”

What is the need of this experiment-explain or delete the paragraph

“Hence, a freshly prepared eighteen-hour culture of the bacterial isolates were inoculated into sterile distilled water, and compared with the equivalent of 0.5 Macfarland standard.”

It must be media!!!! Delete or correct

### Result

Table 3. you have not tested chloramphenicol, streptomycin and tetracycline, neither sulfadrug. You have to give data on those as those are early drugs used and mdr genes are created like tetA, strAB, Sul1/2/3 and catB3.

What is Table 4:24

Delete the table!!!! How you get the data????

Remove fig.10 . it is unnecessary !!!!!

### Discussion

“high vaginal swab (HVS) accounted for samples reported for enteric pathogen accounted for 4 while wound samples 14 were for similar cases”. ????? Revise

“Which Jumbo *et al.*, (2012) reported that children have uncontrolled ability to produce the enzyme beta-lactamases which neutralizes most penicillin group, further suggesting use of Ofloxacin with a remarkable sensitivity of 58%”. ????? Revise

had highest cases still within the ages of 25-34 while wound swab also had a high occurrence

Re-evaluate the discussion as age group 25-34 have robust immune-system!!!!

“The most resisted were the beta-lactam antibiotic, in this case was Cloxacillin (86%) this findings agree with report of Aibinu *et al.*, (2004); Stelling *et al.*, (2005) and who reported a 100% amoxicillin”.

Hard to understand meaning !!!!

“This agrees with the findings of this current study cephalosporins like Erythromycin and Ciprofloxacin was slightly resistant”

Erythromycin is macrolides and Ciprofloxacin is fluoroquinolones.

Cephalosporins ?????

“The weakest or poorly resistant Nitrofurantoin (27%) while the weakly sensitive Ciprofloxacin (9%) whereas Idu and Odjimogho (2003) showed that ciprofloxacin is the most effective quinolone, In a study conducted among fresh students in Ahmadu Bello University for *Pseudomonas* showed a uniform susceptibility to ciprofloxacin (Olayinka *et al.*, 2009) while contrary to this, the result suggest that the cephalosporin and beta-lactam were most resisted by the pathogens while Aminoglycoside, Azolidines and quinolones were susceptible although no certain group of antibiotics dominated the susceptibility profile”

Delete the paragraph!

“The number of samples reported for Gram negative were 105 samples while Gram positive had 102 two samples. Among these samples enteric pathogens were most frequent (Hassan *et al.*, 2012) agrees with this study result when they reported that the *Enterobacteriaceae* groups suggesting that *Escherichia coli* as the dominant isolate especially in High vaginal swab than in wound swab. The susceptibility. Isolates like the *Enterobacter ludwigii*, *Pseudomonas fluorescens* ex-17, *Pseudomonas* sp. DJ5, *Pseudomonas marginalis*, *Enterobacter cloacae* ST23, *Providencia vermicola* CGS9, and *Enterobacter* sp. XBBSY5 and *Burkholderia cenocepacia*. The isolates obtained in this study agrees with the findings of Hassan *et al.*, (2012) whom in his study was able to identify *Enterobacter cloacae*, *Citrobacter freundii*, Sadly the preponderance of *Pseudomonas* sp. were hardly seen in previous studies *Proteus mirabilis*”.

Delete or revise with your data of microorganism!!!!

## References

Wokokero, E and Inyang, M.P (2014) Waste Disposal Practices in Informal Settlements and its Impact on Health: The Case of Port Harcourt, Nigeria. *International Journal of Environmental Science and Toxicology* Vol. 2(2) pp. 36-42.

Correct the style