



REVIEWER'S REPORT

Manuscript No.: IJAR-56052

Title: Carbapenem-Resistant *Klebsiella pneumoniae* Prosthetic Hip Infection Following a Pelvic Pressure Ulcer: Therapeutic Value of Ceftazidime– Avibactam

Recommendation:

Accept after major revision

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance		✓		

Reviewer Name: Dr. Sudheer Aluru

Detailed Reviewer's Report

This is a strong and clinically relevant case report describing carbapenem-resistant *Klebsiella pneumoniae* prosthetic joint infection likely arising from a pelvic pressure ulcer, with successful salvage using ceftazidime–avibactam. The topic is timely, the case is well narrated, and the discussion is well linked to current literature.

However, several important clinical and microbiological details are missing that prevent immediate acceptance. These gaps affect transparency and reproducibility rather than the scientific message itself.

Major Comments

1. The manuscript claims the same strain caused all infections, but no molecular typing is provided. This should be acknowledged as a limitation.
2. Carbapenemase type (e.g., KPC, OXA-48, NDM) must be reported if available.
3. Table 1 (antibiogram) is referenced but not provided. This is essential and must include MIC values and testing standards.
4. Antibiotic Regimens - Doses, routes, renal adjustment, and duration of colistin/imipenem and ceftazidime–avibactam must be clearly stated.
5. Timeline and Follow-up - The 3-year chronic phase is vague and should be clarified.

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6. Duration of ceftazidime–avibactam therapy and final clinical/laboratory outcomes must be explicitly reported.
7. Interpretation of Hematogenous spread is plausible but should be phrased cautiously and listed as inferred rather than proven.
8. Limitations should be stated clearly.

Minor Comments

- Define abbreviations consistently.
- Add a short patient-consent statement and ethics clarification.
- Minor language polishing.
- Reference formatting consistency.
- Briefly comment on perioperative prophylaxis failure if data exist.