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Manuscript NO: 80125
Title: Rifabutin as salvage therapy for Helicobacter pylori eradication: Cornerstones and novelties
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<th>Scientific quality</th>
<th>Grade A: Excellent</th>
<th>Y Grade B: Very good</th>
<th>Grade C: Good</th>
<th>Grade D: Fair</th>
<th>Grade E: Do not publish</th>
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<td>Conclusion</td>
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SPECIFIC COMMENTS TO AUTHORS
In this study, Borraccino AV et al. reviewed the application of Rifabutin as a salvage therapy for H. pylori eradication failure. They reported some combinations for H. pylori eradication, such as rifabutin with amoxicillin or tetracycline, added on novel acid suppressor drugs, vonoprazan. The side effects of rifabutin and the risk of drug resistance Mycobacterium tuberculosis were also reviewed when rifabutin-based regimens for H. pylori eradication. Their review was comprehensive and confluent for readers. I only have one comment: In view of gut microbiota change following H. pylori eradication antibiotic usage, the author may add some information about the change of gut bacterial diversity after rifabutin usage for H. pylori eradication. Minor correction: In page 5, the text “Twenty-one studies were included, and the overall eradication rate was 70.4 by intent-to-treat (ITT) and 72.0% by per-protocol (PP) analyses.” “70,4” may be corrected into 70.4%.
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| Re-review | [ Y] Yes | [ ] No |
SPECIFIC COMMENTS TO AUTHORS

Helicobacter pylori eradication has become a worldwide challenge for clinicians today due to increasing H. pylori antibiotic resistance. In this review, the authors summarized current evidence about traditional triple therapy containing amoxicillin and rifabutin as salvage therapy, based on the most recent meta-analyses. In addition, some other novelties regarding rifabutin based regimens have been described in detail. It is an interesting mini-review, in which the mechanism of action, pharmacodynamics and pharmacokinetics of rifambutin, H. pylori resistance to rifambutin, the efficacy and side effects of rifambutin based regimen have been detailed respectively. In addition, the precautions before and after starting a rifabutin-based eradication regimen were also detailed. However, there are still some flaws in this manuscript that need to be further improved: 1. The syntax of some sentences is not standard, such as the second paragraph of page 2. 2. Grammatical errors in some statements, such as paragraph 3 and paragraph 4 of the page 5. 3. Abstract and conclusions are not concise enough.