

Candidal Carriage in Saliva and Subgingival plaque among smokers and non-smokers with  
Chronic Periodontitis – A Cross-Sectional Study

List of corrections and changes needed:

Line	Section/Paragraph	Comments/changes
23	Abstract	Back ground and Objectives: Studies of gum disease or periodontal disease. <b>Change to Studies of gum or periodontal disease</b>
53	Introduction	Change etiological factors to <b>etiological agents</b>
63 & 69		Candida (small letters) or caps?
150	Assessment of	<b>20µl was streaked onto SDA. How this was done? Clarify the way this was carried out (i.e. using spiral plater or overlay of material). Did you use duplicate or triplicate plates or only one plate was streaked?</b>
161	Antifungal Disc Diffusion Susceptibility Testing	<b>How did you standardize the fungal inoculum that was tested? And did you use any reference fungal strain as a control? If yes you need to say so.</b>
	Figures	<b>All figures need to be labelled. Quality of Figure 1 is poor, replace with a better quality one.</b>
	Table 1	<b>What does n represent? Is it number of samples or strains? Use key to clarify.</b>
	Table 2	<b>The numbers of isolates tested are not matching (e.g. <i>C. albicans</i> against Fluconazole and Voriconazole (45 and 44!). The same applies to <i>C krusei</i> (F) and <i>C krusei</i> (V) (7 and 6 isolates tested).</b>
	Table 3	<b>What does the data represent r or p? Use a key or outline in the legend. Candida colonization (is this concentration CFU/ml?) or number of samples?</b>
	Conclusion	<b>I think the conclusion need to be modified as the number of patients with periodontal disease colonized with Candida in their saliva and subgingival plaque does seem to be different among smokers and non-smokers. The only significant difference appears to be when you compare healthy vs non-healthy (i.e periodontitis) in the saliva samples.</b>
254	Discussion	Saliva harbors <b>large volumes</b> of <i>Candida</i> species in the disease process. <b>Change volume to concentrations or density.</b>
259-262	Discussion	In the present study, the overall candidal carriage was significantly higher in the saliva of smokers with periodontal disease concurrent to previous studies. 11,26,32 This may be due to low salivary flow rate and increased dryness of the mouth due to long term smoking altered host response and vasculature is seen among smokers. What about the non-smokers which shown to be similarly colonized with

		Candida spp. Could it be that other factors apart from smoking could contribute to the colonization by Candida as non-smokers were similarly colonized at the same rate or level? Please elaborate.
273	Discussion	This could due to. Add be before due.
310	Discussion	It needs to be examined if this antifungal susceptibility of oral <i>Candida</i> . Add be.
	References	Need to be unified. Some of the names of the journals are written in <i>Italic</i> , whereas, others are not.