OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
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Peer Review Report for "Pulmonary Embolism and Cardiac Tamponade in Critical Care Patients with COVID-19; Telemedicine's Role in Developing Countries: Case Reports and Literature Review"

Author(s): Islam Mohammed Sheata, Scott Richard Smith, Heba Kamel, Giustino Varrassi, Farnad Imani, Abdolreza Dayani, Dariusz Myrcik, Ivan Urits, Omar Viswanath, Sameh Salem Taha

Review Timeline:

Submit Date:	10 Feb 2021
Revised Date:	15 Mar 2021
Accepted Date:	26 Mar 2021

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) 11 Feb 2021

Dear AE,
Thank you for permitting me to read your manuscript about the management of Pulmuary Embolisme and Cardiac Tamponade Via Telemedicine. Due to the Covid-19 epidemy; it's an interesting way to use Telemedicine to minimize human contact. And in these cases, was managed brilliantly. However, it seems nessecary for the person performing the Echocardiography to have sufficient skills for the job at hand since the Cardiologist wasn't present by the patients' bed.
Thanks.

REFEREE: Reviewer | **Revision** (0) 21 Feb 2021

Dear AE,
Many thanks for submitting your report. In this report of two cases of Pulmonary Embolism and Cardiac Tamponade in patients with co-existing COVID 19 infection, the authors

appropriately describe the diagnosis and treatment course of the cases and have a good discussion about them.
- However I have a question from the authors about Case 1: You stated " On admission, a computed tomography (CT) of the chest was performed and showed bilateral ground-glass appearance, mild right-sided pleural effusion, and enlarged cardiac silhouette (most probably pericardial effusion). (Figure 1)" why you did not perform an echo exam of the patient at that moment too early diagnosis of pericardial effusion and pericardiosynthesis to avoid cardiac arrest?
Thanks.,

REFEREE: Associate Editor | **Revision (0)** 12 Mar 2021

Dear EIC,
Thank you for inviting me to review this study. Based on reviewers' comments it needs some brief corrections. Also, recommend to the author for considering and add below Seven references:
- Pergolizzi Jr. JV, Magnusson P, LeQuang JA, Breve F, Paladini A, et al. The Current Clinically Relevant Findings on COVID-19 Pandemic. Anesth Pain Med. 2020;10(2):e103819.
- Rahimzadeh P, Faiz H R , Farahmandrad R , Hassanlouei B , Habibi A, et al. Clinical Features and Prognosis of Invasive Ventilation in Hospitalized Patients with COVID-19: A Retrospective Study, Anesth Pain Med. 2020;10(6):e108773.
- Mahmoodpoor A, Shadvar K, Ghamari AA, Mohammadzadeh Lameh M, Asghari Ardebili R , et al. Management of Critically Ill Patients with COVID-19: What We Learned and What We Do. Anesth Pain Med. 2020; 0(3):e104900.
- Haryalchi K, Heidarzadeh A, Abedinzade M, Olangian-Tehrani S, Ghazanfar Tehran S . The Importance of Happy Hypoxemia in COVID-19, Anesth Pain Med. 2021;11(1):e111872.
- Aminnejad R, Hashemi SM, Safari S, Dadkhah P, Bastanhagh E. Impact of COVID-19 on Advanced Cancer Patients' Pain Care: Warning About Chloroquine and Hydroxychloroquine, Anesth Pain Med. 2021;11(1):e111641.
- Ali H, Ismail AA, Abdalwahab A. Mental Stress in Anesthesia and Intensive Care Physicians During COVID-19 Outbreak. Anesth Pain Med. 2020;10(5):e106623.
- Hassani V, Amniati S, Ahmadi A, Mohseni M, Sehat-Kashani S, et al. Emergency Tracheostomy in Two Airway Trauma Patients Suspected of COVID-19: A Case Report. Anesth Pain Med. 2020;10(4):e104648.
Best regards

REFEREE: EIC | **Revision (0)** 12 Mar 2021

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reply letter to reviewers' comments

Thank you for the valuable comments that would add to the strength and value of the paper

Reply to Reviewers 1 comments:

However I have a question about Case 1: You statd " On admission, a computed tomography (CT) of the chest was performed and showed bilateral ground glass appearance, mild right sided pleural effusion and enlarged cardiac silhouette (most probably pericardial effusion). (Figure 1)" why you did not perform echo exam of the patient at that moment to early diagnosis of pericardial effusion and pericardiosynthesis to avoid cardiac arrest?

Our main concern on admission of the patients was to stabilize the respiratory condition of the patients especially that the vitals were stable and no signs of ongoing tamponade was evident on admission.

Reply to Reviewers 2 comments :

Thank you for permitting me to read your manuscript about management of Pulmuary Embolisme and Cardiac Tamponade Via Telemedicine. Due to Covid-19 epidemy ; it's an interesting way to use Telemedicine to minimize human contact. And in these cases, was managed brilliantly. However, it seems nessecary for the person performing the Echocardiography to have sufficient skills for the job at hand since the Cardiologist wasn't present by the patients bed.

Actually that was one of the main messages we wanted to deliver, the anesthesiologist on duty that day had extra training skills in basic echocardiography performance and transesophageal echocardiography which helped together with the usage of telemedicine technology to diagnose and manage patients till arrival of the cardiologist which was not available 24/7 in our isolation hospitals in that early covid era. hence, training of the ICU physicians on certain investigations as basic echocardiography and emergency procedures are of utmost importance and would aid in saving patients' lives during such pandemic.

Reply to Associate Editor 1:

Thank you for the suggested references. some of the references suggested were added which were related to the context of our paper and would definitely increase value of our cases.

Best regards,

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 26 Mar 2021

Dear AE,
Thank you for inviting me for reviewing the revised manuscript ID#113752. Fortunately, the author could correct the majority of requested items.
Sincerely yours

REFEREE: Associate Editor | **Revision** (1) — 26 Mar 2021

Dear EIC,
I read with interest this revised format and based on reviewers' comments this revised format can be considered for publishing at Anesth Pain Med.
Regards

REFEREE: EIC | **Revision** (1) — 26 Mar 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.