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://brief.land/briefland/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Importance of Serological Tests in the Diagnosis of Asymptomatic Congenital Syphilis in Neonates: A Case Report"

Author(s): Brigitta I. R. V. Corebima, Ayunda Almiradani, Eko Sulistijono

Review Timeline:

Submit Date: 14 Mar 2020
Revised Date: 17 Sep 2020
Accepted Date: 23 Sep 2020

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)

30 Mar 2020

Dear AE,
Thanks for this fantastic case report. I have some comments and questions for the authors:
Case presentation:
- Mother was diagnosed at 16-20 weeks of gestation. Was she symptomatic or by routine serologic test syphilis was diagnosed? At which gestational age do you routinely check syphilis serological tests for pregnant women?
- If the mother was diagnosed at 16-20 weeks of gestational age, why her treatment was delayed until a week before parturition?
- Ballard's score is correct not ballad.
- Meningeal singing in the neonatal period is meaningless. Please delete it.
- In the case of presentation you reported typical bone involvement on X-ray but in discussion part you reported normal bone on X-ray as in figure. Please correct this mismatch.
- I think that performing LP for newborn was necessary. Because if neurosyphilis was

diagnosed for him, repeated LP should be done for R/O of recurrence.
- This mother was high risk for syphilis, so when her serological tests for syphilis were positive at 16-20 weeks of gestational age should be treated and it should be mentioned at your discussion as a weak point.
References
- Reference 6 has more than 6 authors. You have to write 6 authors and then write et al. thereafter.
Figures
- Figures 1-5 are not necessary and should be deleted. Only bone X-ray and pathological figures are sufficient.
Thanks

Alireza Nateghian: Reviewer | **Revision** (0) 8 Jun 2020

Dear AE,
Thank you for including me for review process:
1. The case report is too long,it should be summarized by excluding the unnecessary charts,tables and also explaining the whole feature of CS.
2. More new references with focusing on diagnosis of apparently normal newborns should be used.
Thanks.

Ali Amanati: Associate Editor | **Revision** (0) 12 Jun 2020

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) 12 Jun 2020

Dear author,
Thank you so much for your contribution to APID.
According to the reviewers' comments, my decision about this manuscript is a major revision.
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 to Reviewer

Dear Reviewer,

Thank you for the comments and your assessment as it can improve my manuscript's writing. These are amendments I have done in this manuscripts:

1. I have summarized and explain the key features of CS.

2. As suggested by reviewer, I have add some references in the discussion section focused on the diagnosis of CS.

3. *-Mother was diagnosed at 16-20 weeks of gestation. Was she symptomatic or by routine serologic test syphilis was diagnosed? At which gestational age do you routinely check syphilis serological tests for pregnant women?*
   -If mother was diagnosed at 16-20 weeks of gestational age, why her treatment was delayed until a week before parturition? -This mother was high risk for syphilis, so when her serological tests for syphilis were positive at 16-20 weeks of gestational age should be treated and it should be mentioned at your discussion as a weak point.

4. Some amendments in "case presentation" part have been done as suggested:

   a. Ballad → Ballard

   b. deleted the meningeal sign

   c. deleted the Figure 1-5

   d. The description of X-ray interpretation has been corrected

   e. *-I think that performing LP for newborn was necessary. Because if neurosyphilis was diagnosed for him, repeated LP should be done for R/O of recurrence.*

Reviewers' Comments:

Reviewer 1:
Thank you for including me for review process:
1. The case report is too long,it should be summarized by excluding the unnecessary charts,tables and also explaining the whole feature of CS.
2. More new references with focusing on diagnosis of apparently normal newborns should be used.
Reviewer 2:
Thanks for your fantastic case report. I have some comments and questions:
Case presentation:
-Mother was diagnosed at 16-20 weeks of gestation. Was she symptomatic or by routine

serologic test syphilis was diagnosed? At which gestational age do you routinely check syphilis serological tests for pregnant women?
-If mother was diagnosed at 16-20 weeks of gestational age, why her treatment was delayed until a week before parturition?
-Ballard score is correct not ballad.
-Meningeal sings in neonatal period is meaningless. Please delete it.
-In case presentation you reported typical bone involvement on X-ray but in discussion part you reported normal bone on X-ray as in figure. Please correct this mismatch.
-I think that performing LP for newborn was necessary. Because if neurosyphilis was diagnosed for him, repeated LP should be done for R/O of recurrence.
-This mother was high risk for syphilis, so when her serological tests for syphilis were positive at 16-20 weeks of gestational age should be treated and it should be mentioned at your discussion as a weak point.
References
-Reference 6 has more than 6 authors. You have to write 6 authors and then write et al. thereafter.
Figures
-Figures 1-5 are not necessary and should be deleted. Only bone X-ray and pathological figures are sufficient.

Associate Editor's Comments:

Associate Editor 1:
Dear authors
Please follow the reviewer's comments and reply in a point-by-point manner. Please highlight new changes in the manuscript in a different colour.
English copy-editing warranted before the next submission.
Associate Editor comments and suggestions for authors
Correct title
Intrauterine infection with Treponema pallidum can result in stillbirth, hydrops fetalis, or preterm birth or may be asymptomatic at birth (AAP), so "atypical SC" is not a true statement, asymptomatic is a better word.
Add "neonatal". Replace abbreviations with full terms.

It is better to add some local epidemiological data at the end of the introduction part. Second, explain routine STD screening tests and recommended gestational ages in your area and also standard recommendations in the field by valid references. For example, the Centers for Disease Control and Prevention (CDC) and the US Preventive Services Task Force (USPSTF) recommend syphilis serologic screening with a nontreponemal test to identify people with possible untreated infection; this screening followed by confirmation using one of the several available treponemal tests.

Add first visited date. Location, setting, center name, discharge date, and any other informative data to case presentation part.

Replace "whole-body bone scanning using an X-ray" with "whole-body bone X-ray."

Histopathological characteristics should be added based on the pathologist report in the text. Which of the histologic features is diagnostic in this case. What was the result of Giemsa staining?

Shorten discussion part by half. The discussion contains many irrelevant points not related to this case. Limit your discussion about the importance of early accurate diagnosis and proper treatment and also some challenges in diagnosis, for example, false positive and false negative results of serological tests.
The discussion should start with overall findings according to this case report findings.
Some consequences of intrauterine infection may not become apparent until many years after birth, such as
interstitial keratitis (5–20 years of age), eighth cranial nerve deafness (10–40 years of age), ... discuss some essential points.
What is the study limitations? Add them at the end of the discussion part.

Remove figure 1-6. If there is any bone involvement, explain it precisely in the focused figure and show it by proper arrows.

Thanks

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) 3 Aug 2020

Dear AE,
Thanks for this amazing case report
- In my point of view, it is better to summarize case report. The most important part is about histologic features. Microscopic description and criteria which helps to diagnosis of syphilis and special staining or Immunohistochemistry if present, should be included with detail in the manuscript.
- Microscopic figures of the specimen are from low power and not appropriate for description of characteristic pathologic findings which present in the congenital syphilis, except figure D and figures legends are also not associated with pictures.
- Concentric vascular fibrosis in the legend figure D is correct (instead of carcentric).
Thanks.

Ali Amanati: Associate Editor | **Revision** (1) 3 Aug 2020

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

REFEREE: EIC | **Revision** (1) 5 Aug 2020

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 (2)

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 to Reviewer

Dear Reviewer/ Editor,

Thank you for the comments and your assessment as it can improve my manuscript's writing. These are amendments I have done in this manuscripts based on your suggestion:

1. I have summarized and explain the key features of CS.
2. As suggested by reviewer, I revised the feature of Figure 1 represent histological finding as well as the legend. Thank you for the correction.

3. Based on associate editor's comment. I added the additional recommendation of CS screening in pregnant women issued by USPFTF and national regulation. Histopathological features has been added in the text as suggested. Study limitation was explicitly described in the last paragraph.

Thank you

OPEN PEER REVIEW

Revision (2)

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

Ali Amanati: Associate Editor | **Revision** (2) 22 Sep 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (2) 23 Sep 2020

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