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://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

Archives of Pediatric Infectious Diseases
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Peer Review Report for "COVID-19 Presented with Gastrointestinal Manifestations in an 11-Days-Old Neonate: A Case Report and Review of the Literature"

Author(s): Alireza Mirahmadizadeh, Roham Borazjani, Mostafa Ebrahimi, Leyla Hashemizadeh Haghighi, Karmella Kamali, Seyede Sedigheh Hamzavi, Kowsar Rahimi, Anahita Sanaei Dashti

Review Timeline:

Submit Date: 3 May 2020
Revised Date: 20 Jun 2020
Accepted Date: 28 Jun 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) 9 May 2020

Dear AE,
Comments for the authors:
- Gastrointestinal signs are not unusual in COVID-19 so there is no novelty in your report. Only interesting aspect is the age of your patient.
- Heart rate 46/min in a neonate is low. Are you sure about it?
- Skin turgor in newborns is not valuable.
- WBC = 13000 is not leukocytosis, especially in newborns.
- Your patient should be isolated at first. Did you do it?
- In the limitations of your report, you mentioned low sample size, absence of control group and not performing vaginal secretion lab test. Your manuscript is a case report so sample size and control group are meaningless. Furthermore, coronavirus is not isolated from vaginal secretion.

- If CXR had peribronchial thickening and PCR for COVID-19 was positive, lung CT was judicious in this patient.
- Please discuss more differential diagnoses of your patient.
Thanks.

REFEREE: Reviewer | **Revision** (0) 10 May 2020

Dear AE,
Comments for the authors:
The manuscript needs grammatical and linguistic editing.
Case report and discussion
1. While this patient had no risk factors and respiratory manifestations, what was the indication of the PCR test for covid19 disease? While several infectious differential diagnoses were suggested first, why was this case underwent examination for covid19 disease?
2. It may be simply a false positive result .Please discuss about the probability of false positive result for covid19 PCR and the causes of false positivity and its rate.
3. You stated: “An 11-day-old, breastfed male neonate was brought to the neonatal emergency room (NER) with severe diarrhea since seven days before admission, which was exacerbated since the day of admission.”
It seems that the symptoms were started when the patient was 4-day-old. Since the parents were healthy please explain the probable source of infection and the probable index case.
4. You stated: “However, we could not rule out other viral gastroenteritis.”
Since the authors did not perform virology examination on the stool sample for other probable viruses responsible for these manifestations how the authors could rule out a false positive result?
5. While the result of PCR test for covid19 was surprisingly positive did the authors repeat the test to confirm the result?
6. Did the patient undergo serologic test?
If not, it is strongly suggested to perform serologic tests now to partially confirm that the PCR result was not false positive.
7. It is also suggested to perform serologic tests for the parents and close contacts not only in the family but also for delivery team including the physicians and nurses.
Regards

REFEREE: Associate Editor | **Revision** (0) 10 May 2020

Dear EIC,
Regarding the comments, It is suggested that authors provide strong evidence that the results are not false such as serologic tests to evaluate the patient and close contacts retrospectively.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 12 May 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** (0) 12 May 2020

Dear Author,
According to reviewers' comments, this manuscript needs major revision.
Please correct it and resubmit very soon.
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.

Answer to Reviewers' Comments:

Thanks a lot for reviewing the document:

Reviewer 1:

Thanks for your useful comments : They will be responded one by one:
*** Gastrointestinal signs are not unusual in COVID-19 so there is no novelty in your report. Only interesting aspect is the age of your patient.*

Yes. Gastrointestinal manifestations are not rare in coronavirus infection (though not common and accompanying with respiratory ones), but the point is that the sole presentation of the neonate was from gastrointestinal tract .
*** Heart rate 46/min in a neonate is low. Are you sure about it?*

The rate was corrected.
*** Skin turgor in newborns is not valuable.*

The observed sign is written without interpretation , however it could be omitted.
*** WBC = 13000 is not leukocytosis especially in newborns.*

Yes. it was corrected.
*** Your patient should be isolated at first. Did you do it?*

Yes . It is mentioned in "Patient's clinical course " part.

*** In limitations of your report, you mentioned low sample size, absence of control group and not performing vaginal secretion lab test. Your manuscript is case report so sample size and control group are meaningless. Furthermore, corona virus is not isolated from vaginal secretion.*

The sentences were omitted.
*** If CXR had peribronchial thickening and PCR for COVID-19 was positive, lung CT was judicious in this patient.*

Due to good respiratory state , lung CT scan was not done
*** Please discuss more about differential diagnoses of your patient.*
Accordingly, we did it in discussion.

Reviewer 2:

Thanks for your nice comments : I will respond them one by one:

*** The manuscript needs grammatical and linguistic editing.*

It is done now.
*** 1. While this patient had no risk factor and respiratory manifestations, what was the indication of PCR test for covid19 disease? While several infectious differential diagnoses were suggested first, why was this case underwent examination for covid19 disease?*

There was a peak of coronavirus infection , so the corresponding physician did it due to high suspicion index.
*** 2. It may be simply a false positive result .Please discuss about the probability of false positive result for covid19 PCR and the causes of false positivity and its rate.*

The rate of false positivity of PCR is not known exactly. The PCR tests were positive for two times .
*** 3. You stated: "An 11-day-old, breastfed male neonate was brought to the neonatal emergency room (NER) with severe diarrhea since seven days before admission, which was exacerbated since the day of admission."*
It seems that the symptoms were started when the patient was 4-day-old. Since the parents were healthy please explain the probable source of infection and the probable index case.

The result of covid test of the mother was positive after admission of the neonate.
*** 4. You stated: "However, we could not rule out other viral gastroenteritis."*
Since the authors did not perform virology examination on the stool sample for other probable viruses responsible for these manifestations how the authors could rule out a false positive result?

The statement is denoting any viral coinfection and is omitted .
*** 5. While the result of PCR test for covid19 was surprisingly positive did the authors repeat the test to confirm the result?*

Yes .Repeat PCR was positive too.
*** 6. Did the patient undergo serologic test?*
If not, it is strongly suggested to perform serologic tests now to partially confirm that the PCR result was not false positive.
*** 7. It is also suggested to perform serologic tests for the parents and close contacts not only in the family but also for delivery team including the physicians and nurses.*
The PCR test of the mother got positive.

Associate Editor's Comments:

Associate Editor 1:
*** Regarding the comments, It is suggested that authors provide strong evidence that the results are not false such as serologic tests to evaluate the patient and close contacts retrospectively.*

PCR of the neonate was repeated and was positive .

PCR of the mother got positive also.

Associate Editor 2:
Hi dear author
Thank you for submitting your valuable case report on the site of this journal. I read it and my comments are listed below:
*** 1-The abbreviations of stool OB/OP and Qrt-PCR in abstract are confusing and it's better to use complete words.(although in the body of the manuscript, the complete words are mentioned.*

It is done.
*** 2-In the physical examination of the neonate, regarding symptoms of severe dehydration in neonates such as sunken eye, irritability, and prolonged skin turgor, please add the birth weight beside to admission weight and mention the measure of weight loss of the patient in comparison with the weight of patient at birth as a reliable sign of dehydration.*

Yes. It will be addressed.
*** 3-In the part of laboratory findings, there is a grammatical error in the word of electrolytes imbalance which is written: electrical imbalance. Please correct it.*

Thanks .It is done.
*** 4-In the part of imaging in CXR finding, you mention reduced thymic shadow, while in figure -1 the thymic shadow is completely normal for an 11-day-old neonate. Please correct it.*

It was reported by the radiologist, but it was omitted.
*** 5- For the treatment of the patient, please mansion about the antibiotic regimen which was prescribed.*

The antibiotics Ampicillin and amikacin were started : it was added to the text.
*** 6- Regarding the normal PCR of parents of the patient, please explain the probable source of infection and the probable false positivity of the PCR of your patient.*

It was added to the text.
*** 7- In the part of the patient's outcome, please mention the result of repeated PCR for the detection of negativity of this test. Because all positive PCR test for COVID -19 should be followed by repeated test.*

The PCR of the patient was repeated and the result was positive .

Warmest 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) 31 May 2020

Dear AE,
Comments for the authors:
- The manuscript needs linguistic editing (e.g. a shot of intravenous hydration,two-years-old, and radiation damage)
- The format of the manuscript should be designed according to the guideline of the journal provided for the authors(introduction, case report, discussion, and references). In this regard, the "case report" part of the manuscript (with several subtitles)should be totally revised.
Case report
- It is not nessescery to explain a CXR in details in the text of a case report. The abnormal findings may be enough to be mentioned.
- Since the patient was symptomatic from the fourth day of life and the mother was positive too,kindly explain about the time of transmission of the virus to the patient.
- Was the mother symptomatic ?
- Was the mother the only case of the family that was tested for COVID19 disease and why?
Discussion
- Kindly add a few sentences about the gastrointestinal manifestations of COVID19 disease in paediatric population.
Thanks.

REFEREE: Reviewer | **Revision** (1) 1 Jun 2020

Dear AE,
Thanks for this revision. There is no comment.
Regards

REFEREE: Associate Editor | **Revision** (1) 9 Jun 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)** 11 Jun 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.

Reviewers' Comments:

Reviewer 1:

Thanks for your comments. We will respond them one by one:

** *The manuscript needs linguistic editing (e.g. a shot of intravenous hydration, two-years-old,and radiation damages)*

Linguistic editing was done.

** *The format of the manuscript should be designed according to the guideline of the journal provided for the authors(introduction, case report, discussion, and references). In this regard, the "case report" part of the manuscript (with several sub titles) should be totally revised.*

We change the manuscript's format according to the guideline of the journal.

** *It is not necessary to explain a CXR in details in the text of a case report. The abnormal findings may be enough to be mentioned.*

The normal findings were deleted

** *Since the patient was symptomatic from the fourth day of life and the mother was positive too kindly explain about the time of transmission of the virus to the patient.*

It may be transmitted as a congenital infection (though not totally documented yet) or be acquired after birth.

** *Was the mother symptomatic ?*

Although the PCR of the mother come to be positive, she was totally asymptomatic as reported in the manuscript (*There was no history of cough, fever, sore throat, or anosmia in his parents*)

** *Was the mother the only case of the family that was tested for COVID19 disease and why?*

His father worked in other city far from his family and did not have contact with the baby. The baby did not have any siblings.

** *Kindly add a few sentences about the gastrointestinal manifestations of COVID19 disease in paediatric population.*

It is done in the discussion part.

Reviewer 2:

We are so thankful of your attentions

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.

REFEREE: Reviewer | **Revision** (2) 27 Jun 2020

Dear AE,
Relevant amendments have been provided.
Thanks.

REFEREE: Associate Editor | **Revision** (2) 28 Jun 2020

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

REFEREE: EIC | **Revision** (2) 28 Jun 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.