OPEN PEER REVIEW

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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

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Peer Review Report for "A Case Report of Pediatric Kawasaki Disease and COVID-19 Association"

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Review Timeline:

Submit Date: 14 Jul 2020
Revised Date: 30 Nov 2020
Accepted Date: 6 Dec 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)

25 Jul 2020

Dear AE,
Thanks for this case report. There are some comments for the authors:
- Title: co-infection is wrong because Kawasaki is not an infection. It may be better to use association.
- There is no novelty in your case report. There are substantial cases like yours and there are similar reports about it.
- Please don't name the treating center in your case presentation.
- Please only report that chest CT was normal and figure-2 is not necessary. You have to write the figure legends below the pictures not at upper part.
- Some English revision is necessary.
- Two weeks high dose aspirin is not recommended anymore and you had to change the high dose into low dose after 2-3 day of discontinuation of fever.
- Discussion: Please don't write the first cases of KD in our region. The second paragraph has no reference. Some other paragraphs have not any references. Table-1 should be deleted. Your discussion is not comprehensive and you have to discuss about the differential diagnoses and the probable mechanisms of inflammatory syndromes with relevant references.
- Authors contributions: Only write all authors wrote the case report equally.

- The laboratory charts should be deleted and only briefly report.
Thanks.

REFEREE: Reviewer | **Revision** (0) 24 Aug 2020

Dear AE,
1- This case does not meet the criteria for Kawasaki diagnosis
2- Symptoms was not described properly
3- Lab tests are not complete (WBC, Hb, Ferritin, Fibrinogen...)
Thanks.

Ali Amanati: Associate Editor | **Revision** (0) 30 Aug 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) 31 Aug 2020

Dear Authors,
According to the reviewers' comments, my decision about this manuscript is major revision.
Thanks.

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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.

Reviewer 1:

Q: -Title: co-infection is wrong because Kawasaki is not an infection. It may be better to use association.

A: the title has been changed, as the review was fair and correct about it.

Q: - There is no novelty in your case report. There are substantial cases like yours and there are similar reports about it.

A: the article had been submitted on 12th of July, when it had novelty. However, as the prolonged process of the review was ongoing, it was 31st of August when the paper asked for major revision. Therefore, as the author I think it is out of my power to add novelty to the case.

Q: - Please don't name the treating center in your case presentation.

A: the name has been omitted in revision.

Q: - Please only report that chest CT was normal and figure-2 is not necessary. You have to write the figure legends below the pictures not at upper part.

A: the figure has been asked above, is omitted in revision.

Q: *- Some English revision is necessary.*

A: the English language seems correct in both grammar and academic fluency.

Q: - Two weeks high dose aspirin is not recommended anymore and you had to change the high dose into low dose after 2-3 day of discontinuation of fever.

A:in the process of treatment same policy was committed and proper revision in report is done.

Q: - Discussion: Please don't write the first cases of KD in our region. The second paragraph has no reference. Some other paragraphs have not any references. Table-1 should be deleted. Your discussion is not comprehensive and you have to discuss about the differential diagnoses and the probable mechanisms of inflammatory syndromes with relevant references.

A: Actually, it is ONE of the first few PAPERS about this subject in our region. The second paragraph is definition of the disease and it is taken from UpToDate database. The reference has been added at the end of paragraph in revision. Table one contains information that helps to have better image of patient's condition and seems to be necessary. In comparison with similar case reports in other valid journals, discussion is comprehensive enough and this report is not meant to discuss KD differentials. It concerns about KD and COVID-19 treatment altogether.

Q: - Authors contributions: Only write all authors wrote the case report equally.

A: authors of this paper have same initials in their first and last name and it is misunderstanding that we had to put first letters only. So this problem will be solved as complete names will be published.

Q: - The laboratory charts should be deleted and only briefly report them.

A: in the author's instruction there is a section mandates to publish charts, and as laboratory values are important in this case, I insist to put the charts in revision.

Reviewer 2:

Q: 1- This case does not meet the criteria for Kawasaki diagnosis

A: Diagnosis of KD according to the criteria established by Tomisaku Kawasaki in 1967 requires the presence of fever lasting ≥5 days, combined with at least four of the five following physical findings, without an alternative explanation

●Bilateral bulbar conjunctival injection (Present)

●Oral mucous membrane changes, including injected or fissured lips (picture 2), injected pharynx, or strawberry tongue (Present)

●Peripheral extremity changes, including erythema of palms or soles, edema of hands or feet (acute phase) (Present), or periungual desquamation (convalescent phase)

●Polymorphous rash (Present)

●Cervical lymphadenopathy (at least one lymph node >1.5 cm in diameter) (Present)

Q: 2- Symptoms was not described properly

A: symptoms has been described as they should, briefly and informative

Q: 3- Lab tests are not complete (WBC, Hb, Ferritin, Fibrinogen...)

A: all relatively useful and available lab tests had been done and mentioned in the report

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Revision (1)

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

REFEREE: Associate Editor | **Revision** (1) 20 Nov 2020

Dear EIC,
Comments and suggestions for authors
The overall presentation of the manuscript is improved after amendments.
Spell out all abbreviations in the keywords. Only full terms are acceptable in this section.
Thanks

REFEREE: EIC | **Revision** (1) 24 Nov 2020

Dear Authors,
My decision about this manuscript is a minor revision.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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Reviewer 1:

Q: -Spell out all abbreviations in the keywords. Only full-terms are acceptable in this section.

A: All the abbreviations replaced by full-terms.

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Revision (2)

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

REFEREE: Associate Editor | **Revision** (2) 3 Dec 2020

Dear EIC,
I read the revised manuscript
I have no further comments to add. I thank the authors for their very detailed replies to my comments.
Regards.

REFEREE: EIC | **Revision** (2) 6 Dec 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.