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

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Peer Review Report for "Fever and Dehydration as the First COVID-19 Presentation in a 2-Months Old Boy in Northeast of Iran"

Author(s): Mahsa Besharat, Pooya Bahari Khorram

Review Timeline:

Submit Date: 8 Jul 2020
Revised Date: 2 Aug 2020
Accepted Date: 5 Aug 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) 23 Jul 2020

Dear AE,
Discussion:
There are some comments which should be addressed by the author:
1. How did you justify the patient's clinical and laboratory symptoms could be due to Covid 19?
2. While Covid19 disease is not confirmed in this case , please explain how did you evaluate other possible febrile diseases like as meningitis , uti , other pneumonia .
3. Rapid clinical response to azihtromycin and chloroquine is not expected even if the patient has Covid19.
4. The patient's rapid clinical response appears to be related to the fluid ressucitation than to the effect of chloroquine.
Thanks.

REFEREE: Reviewer | **Revision** (0) 25 Jul 2020

Dear AE,
There are some comments which should be addressed by the author:
1. Title was chosen for this article is somehow meaningless because first presentation of

covid 19 in this child was fever and dehydration and electrolyte imbalances were the consequences of these two sign, not first presentation
2. Some grammatical mistakes was done in this article and before publication it is better to edited and revised
3.some medical mistakes was seen obviously , just like a systolic pressure of 80/50 instead of Blood pressure 80/50 in line 31 .and I did not get about KCL 15% in initial IV 4meq/L(did they mean 40meq/L) ????(line 35) and again in line 43 writer was made this mistake again
4. This patient had hypernatremic dehydration due to severe illness (fever and poor intake) and It is not because of the covid 19 presentation , and correction of this abnormality needs time
5. In discussion, I did not find any relationship between results and sentences was written disordered.
6.references and citations are not cleared and must be corrected
7. over all it seems that this article must be edited and without revising and correcting the mistakes ,it is not worth to publish
Thanks.

REFEREE: Associate Editor | **Revision** (0) 26 Jul 2020

Dear EIC,
Some grammatical mistakes were done in this article and before publication, it is better to be edited and revised.
Title:
- Title was chosen for this article is somehow meaningless because the first presentation of covid 19 in this child was fever and dehydration and electrolyte imbalances were the consequences of these two signs, not the first presentation.
Introduction:
- Some medical mistakes were seen obviously, just like a systolic pressure of 80/50 instead of Blood pressure 80/50 in line 31 .and I did not get about KCL 15% in initial IV 4meq/L (did they mean 40meq/L) ???? (Line 35) and again in line 43 writer was made this mistake again.
Discussion:
1. How did you justify the patient's clinical and laboratory symptoms could be due to Covid 19?
2. This patient had hypernatremia dehydration due to severe illness (fever and poor intake) and it is not because of the covid 19 presentation, and correction of this abnormality needs time.
3. While Covid19 disease is not confirmed in this case, please explain how did you evaluate other possible febrile diseases like meningitis, uti, other pneumonia.
4. Rapid clinical response to azithromycin and chloroquine is not expected even if the patient has Covid19.
5. I did not find any relationship between results and sentences was written disorder.
References:
- References and citations are not cleared and must be corrected.
Thanks.

REFEREE: EIC | **Revision (0)** 27 Jul 2020

Dear Author,

The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.

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.

Dear Dr. Sedigheh Rafiei Tabatabaei

Editor-in-Chief

Archives of Pediatric Infectious Diseases

Thank you for the helpful and concise comments of your valuable reviewers given to our manuscript “Electrolyte imbalance as the first COVID-19 presentation in a 2-months old boy in Northeast of Iran”

Here are responses to the comments. The corrections also highlighted in the main text.

Reviewer 1:
Discussion:

1. How did you justify the patient's clinical and laboratory symptoms could be due to Covid 19?

Answer: As the CT scan pattern and laboratory symptoms were compatible to COVID-19, we considered the diagnosis as the most probable cause, as it has been mentioned in the national protocol of COVID-19 of Iran Ministry of Health and Medical Education, a suspected case of COVID-19 with the CT scan pattern of COVID-19 should be considered as the probable case. Besides, in this case, her mother had symptoms and it has been said that in high risk cases the confidence to the negative PCR results is lower.

2. While Covid19 disease is not confirmed in this case , please explain how did you evaluate other possible febrile diseases like as meningitis , uti , other pneumonia .

Answer: The pattern of CT scan was compatible with COVID-19 (GGO). Other possible diagnosis was ruled out. His U/C were negative, and LP results were negative.

3. Rapid clinical response to azihtromycin and chloroquine is not expected even if the patient has Covid19.

Answer: His clinical course has not been improved with fluid resuscitation and empiric antibiotic therapy as we expected. Besides, considering the pandemic of COVID-19 at that time in Iran and that area, the most probable and critical diagnosis was COVID-19.

4.The patient's rapid clinical response appears to be related to the fluid resuscitation than to the effect of chloroquine.

As mentioned before, the response to the fluid resuscitation was not as we expected and after the start of Chloroquine, the clinical course has been profoundly improved.

Reviewer 2:

1. Title was chosen for this article is somehow meaningless because first presentation of covid 19 in this child was fever and dehydaration and electrolyte imbalances were the consequences of these two sign, not first presentation

Answer: the title has been changed as the reviewer’s comments.

2. Some grammatical mistakes was done in this article and before publication it is better to edited and revised

Answer: The whole manuscript has been edited for the grammar and writing.

3.some medical mistakes was seen obviously , just like a systolic pressure of 80/50 instead of Blood pressure 80/50 in line 31 .and I did not get about KCL 15% in intial IV 4meq/L(did they mean 40meq/L) ????(line 35) and again in line 43 writer was made this mistake again.

Answer: There were some mistakes as the reviewer mentioned, that has been corrected.

4. This patient had hypernatremic dehydration due to severe illness (fever and poor intake) and It is not because of the covid 19 presentation, and correction of this abnormality needs time.

Answer: Due to the severe ill presentation in this case, we gave two days for the correction but when the CT scan results have been repeatedly shown the GGO pattern, we decided to start the hydroxychroquine and Azithromycine, and the clinical status improved after that.

5. In discussion, I did not find any relationship between results and sentences was written disorderd.

Answer: The discussion part has been re-written and edited.

6.references and citations are not cleared and must be corrected

Answer: The references' format is in according to the Vancouver style as the journal's format.

Thank you again for your valuable comments.

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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.

Azadeh Afshin: Reviewer | **Revision** (1) — 4 Aug 2020

Dear AE,
I accepted this article because of the importance of the issue and hope that these kinds of topics find a new way for better practice management.
Thanks.

REFEREE: Associate Editor | **Revision** (1) — 4 Aug 2020

Dear EIC,
The description has been read. Necessary changes have been made.
Thank you.

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

Dear Author,
Thank you very much for the revised manuscript. It is a pleasure to inform you that your manuscript, has been accepted for publication in APID.
Thanks again.