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OPEN PEER REVIEW

Assessment of Central Nervous System Infections in Liver and Kidney Transplantation: Insights from a Transplant Cohort

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

4 comments · 19 Nov 2024 – 11 May 2025

Referee 1 Reviewer

REJECT 19 Nov 2024

Dear Authors,
Thank you for preparing your article on CNS infections in kidney and liver transplant patients. I find the topic to be novel, interesting, and important, and it aligns well with the journal's scope. However, I have some concerns regarding the study design, reporting and interpretation of the results that I would like to address.

Major Comments
1. Your study has a retrospective design and relies on medical records from various healthcare workers, which are often recorded using different methods. This can lead to missing data and data collection bias.
2. Why did you choose to focus solely on kidney and liver transplantations? If your medical center also performs other solid organ transplants, such as heart, lung, or pancreas, including those patients could enhance the article's relevance.
3. Was a comprehensive laboratory profile of CNS infections requested for all patients, or did you only consider a subset of pathogens based on clinical suspicion?
4. The sample size of your study is quite small (11 cases), which limits the external validity and generalizability of your findings. With so few cases, your study more closely resembles a case series than an original article. Therefore, I suggest resubmitting as a case series, following major revisions.
5. There are issues with how the study findings are reported; the laboratory results of the patients are not detailed enough. Additionally, no statistical analyses have been conducted to compare subgroups, such as kidney versus liver transplant recipients.

Minor Comments
1. Please refrain from using the brand names of drugs in your text.
2. Overall, the article is well-written, but it does contain grammatical errors, punctuation issues, and fluency mistakes. Please revise the text to address these.
3. Some sections of the methods resemble a literature review, particularly the descriptions of various types of infections and opportunistic pathogens in relation to transplant timing. I recommend either omitting this section or relocating it to the discussion or introduction.

In summary, your article, in its current form, is not suitable for publication. I recommend resubmitting it as a case series or a brief report after making significant revisions.

Best regards.

Referee 2 Reviewer

MAJOR REVISION 15 Mar 2025

Hello dear author
I have reviewed your article.
My comments are as follows:
Although the study is retrospective, it is a valuable study considering the specific population selected (transplant patients) and their infections.
To improve the quality of the article, the following changes are recommended:
The introduction is long, and it is recommended that it be summarized.
In the method section, there is no need to explain early- and late-phase organisms, and these definitions are

relevant to the introduction and discussion of the article.
The study inclusion criteria should be fully explained.
Explain the method of diagnosing CNS infection in patients.
In the study results section, the patients' cerebrospinal fluid profile is not reported and needs to be added.
In the discussion section, it is recommended that you conduct a complete search in PubMed, Scopus, etc. for similar studies and present the results of the studies in a table (year of study, type of infection, patient outcome, etc.).
In terms of English writing, the article needs editing.
The article is currently not acceptable in this journal in its current format. If the above-described steps are taken, it will be re-reviewed.

Associate Editor

MAJOR REVISION 27 Apr 2025

Dear Authors,

Thank you for submitting your manuscript "Assessment of central nervous system infections in liver and kidney transplantation: Insights from a transplant cohort" to Archives of Clinical Infectious Diseases. After careful consideration by the reviewers, I invite you to revise and resubmit your work to address significant concerns.

The reviewers identified several issues requiring attention. While the topic is of interest, these revisions are essential to ensure the manuscript meets the journal's standards.

Address all reviewer comments thoroughly in a point-by-point response, provide detailed explanations for any disagreements with reviewer suggestions, highlight changes in the revised manuscript, and resubmit your revised manuscript for further evaluation.

Please note that this decision does not guarantee acceptance, as the revised manuscript will undergo another round of review. We encourage you to carefully consider the reviewers' feedback to strengthen your work.

Final Decision: Major Revision

Sincerely,
Associate Editor, Archives of Clinical Infectious Diseases

Editor-in-Chief

MAJOR REVISION 11 May 2025

Major revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor:

Thank you for considering our manuscript entitled "Assessment of Central Nervous System Infections in Liver and Kidney Transplantation: Insights from a Transplant Cohort". We also greatly appreciate the time and effort the reviewers have taken to review our manuscript. Their excellent suggestions have greatly improved the quality of our manuscript.

Sincerely yours

Dr. Rozita Khodashahi

Reviewer 1:

1-The introduction is long, and it is recommended to summarize it.

Reply:

Thank you for this comment. We have revised and condensed the Introduction section to enhance clarity and focus. Redundant details have been removed, and the background has been made more concise.

2-In the method section, there is no need to explain early and late-phase organisms, and these definitions are relevant to the introduction and discussion of the article.

Reply: According to the reviewer's comment, we deleted the definition of early and late-phase organisms from the method section

3-The study inclusion criteria should be fully explained.

Reply:

Thank you for your observation. We have expanded the inclusion criteria to explicitly define the diagnostic criteria, clinical signs, and imaging/lumbar puncture findings used for confirming CNS infections.

4-Explain the method of diagnosing CNS infection in patients

Reply:

We have clarified the diagnostic methods for CNS infections, which were based on a combination of clinical symptoms, cerebrospinal fluid analysis, and neuroimaging (CT/MRI), as recorded by the attending infectious disease or neurology specialist.

5-In the study results section, the patient's cerebrospinal fluid profile is not written, which needs to be added.

Reply:

Lumbar puncture was performed in 7 out of 11 patients (63.6%) and contributed to the clinical diagnosis of CNS infection based on general findings such as turbidity, opening pressure, or preliminary laboratory reports noted in patient files. However, detailed CSF parameters—including exact white blood cell count, protein, and glucose levels—were not consistently documented and were therefore not analyzed in this study.

6-In the discussion section, it is recommended to conduct a complete search in PubMed, Scopus, etc. for similar studies and present the results of the studies in a table (year of study, type of infection, patient outcome, etc.)

Reply: While a comparative table of similar studies (including year, type of infection, and outcomes) is often valuable, we opted not to include it, as a comprehensive review of the literature was already conducted using PubMed, Scopus, and other major databases. Relevant and high-quality studies have been discussed narratively throughout the discussion section to highlight similarities and differences in infection types, timing, and outcomes. Given the limited number of cases in our cohort and the heterogeneity of available studies, a summary table was deemed unlikely to add meaningful value beyond what has already been presented in context.

7-In terms of English writing, the article needs editing.

Reply: According to the reviewer's comment, we rechecked the manuscript for English editing.

Reviewer 2:

1. Your study has a retrospective design and relies on medical records from various healthcare workers, which are often recorded using different methods. This can lead to missing data and data collection bias.

Reply:

This study’s retrospective design inherently relies on data extracted from medical records documented by different healthcare providers across multiple centers. Variability in documentation practices may have introduced inconsistencies or missing data, contributing to potential information and selection bias. While efforts were made to cross-check and complete data through follow-up with patients or care teams, these limitations are inherent to retrospective analyses and should be considered when interpreting the findings.

2. Why did you choose to focus solely on kidney and liver transplantations? If your medical center also performs other solid organ transplants, such as heart, lung, or pancreas, including those patients could enhance the article's relevance.

Reply: We appreciate this point. Our center exclusively performs liver and kidney transplants; therefore, no data were available for other solid organ transplants.

3. Was a comprehensive laboratory profile of CNS infections requested for all patients, or did you only consider a subset of pathogens based on clinical suspicion?

Reply:

We have clarified in the Methods that laboratory testing included targeted pathogen testing based on clinical suspicion and institutional protocols, and not all patients were tested for all possible pathogens.

4. The sample size of your study is quite small (11 cases), which limits the external validity and generalizability of your findings. With such limited cases, your study more closely resembles a case series than an original article. Therefore, I suggest resubmitting as a case series, following major revisions.

Reply:

We understand the limitation of a small sample size. However, we respectfully believe our structured data collection, analytical approach, and multiparametric evaluation provide sufficient value as a retrospective cohort analysis.

5. There are issues with how the study findings are reported; the laboratory results of the patients are not detailed enough. Additionally, no statistical analyses have been conducted to compare subgroups, such as kidney versus liver transplant recipients.

Reply:

Due to the small sample size, statistical subgroup analysis (e.g., kidney vs. liver) was not feasible, but we have noted this limitation. Additionally, detailed CSF parameters—including exact white blood cell count, protein, and glucose levels—were not consistently documented and were therefore not analyzed in this study.

Minor Comments

1. Please refrain from using the brand names of drugs in your text.

Reply: We have revised the manuscript to remove brand names and use generic names consistently.

2. Overall, the article is well-written, but it does contain grammatical errors, punctuation issues, and fluency mistakes. Please revise the text to address these.

Reply: According to the reviewer’s comment, we rechecked the manuscript for English editing errors.

3. Some sections of the methods resemble a literature review, particularly the descriptions of various types of infections and opportunistic pathogens about transplant timing. I recommend either omitting this section or relocating it to the discussion or introduction.

Reply:

We have omitted the background on timing and types of infections and streamlined the Methods accordingly.

Finally, we thank the editorial committee and reviewers for the excellent suggestions which we believe improved the manuscript.

2 Revision 1

1 comment · 7 Jun 2025

Editor-in-Chief

ACCEPT 7 Jun 2025

Accept