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 Clinical Infectious Diseases
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Peer Review Report for "Trans-Diaphragmatic Rupture of Liver Hydatid Cyst in to the Pleural Cavity: A Case Report"

Author(s): Ahmad Hormati, Faezeh Alemi, Mohsen Eshraghi, Mahdie Ghoddoosi, Mohammad Mohaddes, Saba Momeni

Review Timeline:

Submit Date: 16 Dec 2018
Revised Date: 8 Dec 2019
Accepted Date: 10 Dec 2019

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)

21 Sep 2019

Dear AE,
Comments for the authors:
Abstract:
is very long for case report and should be shorten
Keywords:
should be corrected
Discussion:
It is not correct that :
“The patient who described above, had 2 cysts in the liver and a cyst in the chest, which is an uncommon occurrence.”
It is not result of this report.
In endemic regions, treatment of infected dogs and vaccination of sheep may prevent the disease.
Thanks.

REFEREE: Reviewer | **Revision** (0) 11 Oct 2019

Dear AE,
This study presents an interesting case of the simultaneous presence of liver and pulmonary hydatid cysts. However, some clarifications should be revealed by the authors before any proceeding.
1). There are many grammatical errors, which ENGLISH shoud be polished in all MS.
2) Abstract; line 1; "Echinococcosis cystic disease" corrected to "Cystic echinococcosis disease"
3) Abstract; line 2; "echinococcosis granulosus" corrected to "Echinococcosis granulosus" and Italic format.
4) The keywords should be overrally rechecked and changed.
5) Introduction, line 1: "tapeworm echinococcus" corrected to "Echinococcus granulosus sensu lato complex", then abbreviated to " E. granulosus " with the italic format in the following.
6) On page 4, mentioed to "Serologic tests for hydatidosis were negative (Figure 2)." please descibe based on which serological method and what diagnostic kit(company'country).
7) Discussion, line 1, "Echinococcus Granulosus" corrected to "E. granulosus" with italic.
8) Please discussed similar studies in the discussion.
Thanks.

Bita Pourkaveh: Associate Editor | **Revision** (0) 1 Dec 2019

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,

Masoud Mardani: EIC | **Revision** (0) 1 Dec 2019

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.

Reviewer 1:	
1). There are many grammatical errors, which ENGLISH shoud be polished in all MS.	The manuscript fully revised.
2) Abstract; line 1; "Echinococcosis cystic disease" corrected to "Cystic echinococcosis disease"	It is corrected.
3) Abstract; line 2; "echinococcosis granulosus" corrected to "Echinococcosis granulosus" and Italic format.	It is corrected.
4). The keywords should be overrally rechecked and changed.	New keywords inserted from MeSH.
5) Introduction, line 1: "tapeworm echinococcus" corrected to "Echinococcus granulosus sensu lato complex", then abbreviated to " E. granulosus " with italic format in following.	It is corrected.
6) In page 4, mentioed to "Serologic tests for hydatidosis were negative (Figure 2)." please descibe based on which serological method and what diagnostic kit(company'country).	Serum IgG was checked by Pishtaz® kit, manufactured in Iran.
7) Discussion, line 1, "Echinococcus Granulosus" corrected to "E. granulosus" with italic.	It is corrected.
8) Please discussed from similar studies in discussion.	Correction performed.
Reviewer 2:	
Abstract: *is very long for case report and should be shorten*	Correction performed.

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: EIC | **Revision (1)** 10 Dec 2019

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