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

Jundishapur Journal of Microbiology
Article DOI: 10.5812/jjm.103240
Published in: Jundishapur Journal of Microbiology: 13(9); e103240

Peer Review Report for "The Use of Moxisaxin for Treatment of a Decompensated Cirrhosis Patient with Severe Pulmonary Infection"

Author(s): Junfei Jiang, Jing Wang, Zhiwen Yang

Review Timeline:

Submit Date: 1 Apr 2020
Revised Date: 10 Nov 2020
Accepted Date: 15 Nov 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) — 16 Sep 2020

Dear AE,
There are some comments which should be addressed by the author:
- Ethics code should be addressed.
- Signed informed consent should be sent in supplementary.
Thanks.

Ahmad Tavakoli: Reviewer | **Revision** (0) — 20 Sep 2020

Dear AE,
There are two main questions regarding the current case report. I request the authors to reply to these comments and to clarify in their manuscript.
1. Why did the authors believe that the pneumonia was caused by bacteria? Did the authors perform any specific laboratory test for the diagnosis of bacterial infection? How did the authors confirm bacterial infection? It could be caused by viral infection? How do you can rule out this possibility?
2. Previous studies revealed that certain fluoroquinolones including moxifloxacin and levofloxacin may be associated with an increased risk for acute liver injury. However, it is

not clear why the authors selected moxifloxacin as alternative therapy instead of imipenem/cilastatin + linezolid in this patient with decompensated cirrhosis.
Reference: Paterson JM, Mamdani MM, Manno M, Juurlink DN. Fluoroquinolone therapy and idiosyncratic acute liver injury: a population-based study. Cmaj. 2012 Oct 2;184(14):1565-70.
Good Luck

REFEREE: Associate Editor | **Revision (0)** 3 Oct 2020

Dear EIC
According to reviewers' comments, MS is acceptable after Major correction.
1- Case presentation and conclusions)
2- The case presentation is too long, reduced to 1 page.
Thanks.

REFEREE: EIC | **Revision (0)** 3 Oct 2020

Dear Author,
Thank you for submitting your manuscript to JJM. I have completed the review of your manuscript and a summary is appended below (Pleases find attached files). The reviewers recommend the reconsideration of your paper following major revision. I invite you to resubmit your manuscript after addressing all reviewer comments. Please answer point by point to reviewer's comments on a separate sheet under WORD format and write your modifications in the revised version (WORD format) in colored or highlighted letters. Your answers to reviewers' queries are not only for the Editorial Board but for the readers and should be included, when appropriate, in the manuscript for improvement and a better understanding.
When resubmitting your manuscript, please carefully consider all issues mentioned in the reviewers' comments, outline every change made a point by point, and provide suitable rebuttals for any comments not addressed. In addition, JJM INSTRUCTION attached to the mail, Pleases find it.
Note:
Please add ORCID number into you and your collages account, then automatically appear in your published papers in JJM both in HTML and pdf. Pleases follow the below link for the process. http://single.demo.pub/en/knowledgebase/category/tree.html#orcid.html
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:

There are two main questions regarding the current case report. I request the authors to reply to these comments and to clarify in their manuscript.

1. Why did the authors believe that the pneumonia was caused by bacteria? Did the authors perform any specific laboratory test for the diagnosis of bacterial infection? How did the authors confirm bacterial infection? It could be caused by viral infection? How do you can rule out this possibility?

Answer: According to reviewer comments, we add the content in the revised paper (Page 2-3). In addition, according to editor comments "The case presentation is too long, reduced to 1 page", we delete some content in the revised paper.

As reviewer suggested, the pneumonia could be caused by bacteria and viral infection. For this patient, clinical symptom, Laboratory results and chest CT suggest that the pneumonia was caused by bacteria, although bacteria culture of sputum and blood was negative. For example, viral IgM including adenovirus, respiratory syncytial virus, influenza virus, and parainfluenza virus are negative. Clinical significant infectious index, CRP, PCT and IL-6, obviously increase. Blood routine examinations showed an elevated white blood cell, in which predominant neutrophil and normal lymphocyte/monocyte were observed. In addition, legionella pneumophila IgM, Mycoplasma pneumonia IgM and Chlamydia pneumoniae IgM are negative, and fungal glucan (G test) is negative. Finally, we invited these doctors from respiratory medicine, gastroenterology, pharmacy, and infection to discuss her disease. All doctors agree to use the empirical antibiotic treatment for patient. After moxifloxacin treatment, infectious symptom of patient was improved.

2. Previous studies revealed that certain fluoroquinolones including moxifloxacin and levofloxacin may be associated with an increased risk for acute liver injury. However, it is not clear why the authors selected moxifloxacin as alternative therapy instead of imipenem/cilastatin + linezolid in this patient with decompensated cirrhosis.

Reference: Paterson JM, Mamdani MM, Manno M, Juurlink DN. Fluoroquinolone therapy and idiosyncratic acute liver injury: a population-based study. Cmaj. 2012 Oct 2;184(14):1565-70.

Answer: According to reviewer comments, we add the content in the revised paper (Page 3 and 4).

As reviewer suggested, moxifloxacin is associated with an increased risk for acute liver injury. In china, moxifloxacin could serve as empirical antibiotic treatment for patients with cirrhosis under the guidance of a doctor. What is more, moxifloxacin is also recommended as empirical antibiotic treatment for patients with cirrhosis under the guidance of a doctor. For this patient, her infectious symptom was no sign of improvement after receiving imipenem/cilastatin+Linezolid therapy, appearing an aggravated chest tightness and shortness of breath. So, we invited these doctors from respiratory medicine, gastroenterology, pharmacy, and infection to discuss her anti-infectious therapy. All doctors agreed to use moxifloxacin for controlling her infectious symptom.

Reference: European Association for the Study of the Liver. Electronic address eee, European Association for the Study of the L. EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis. Journal of hepatology. 2018;69:406-60.

Reviewer 2:

- Ethics code should be addressed.

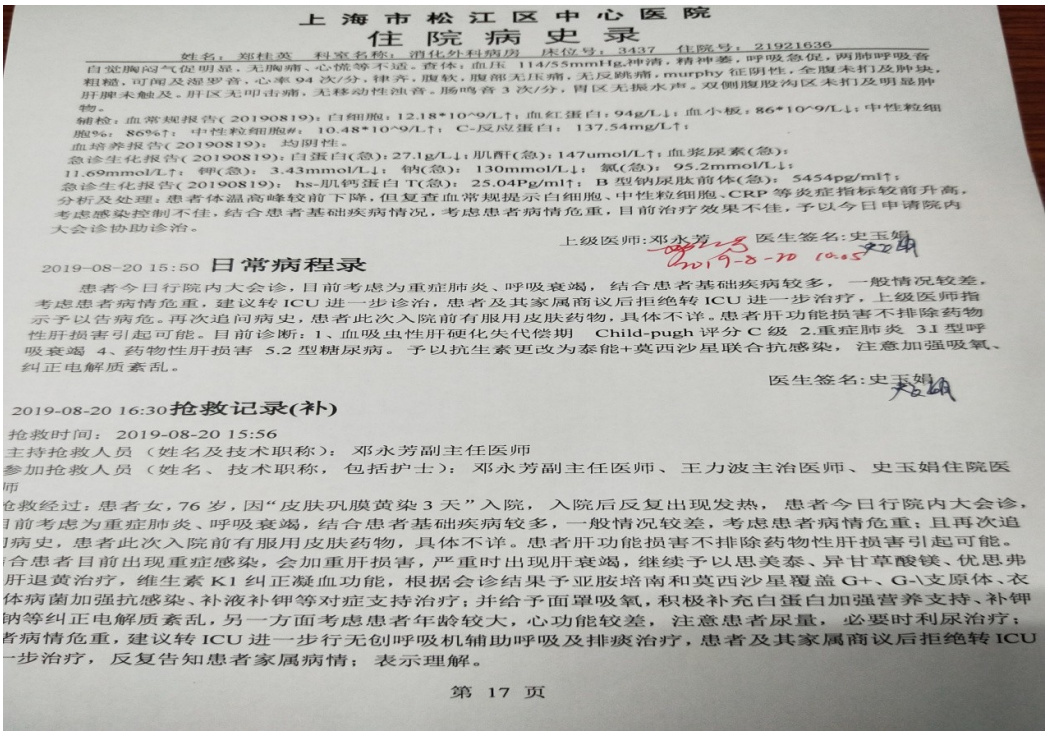
Answer: We add the content in the revised paper (Page 2).

The patient signed the informed consent, and ethical considerations were accordance with the institutional and/or national research committee.

Which type of manuscripts is required to declare "Ethical Approval Code"? Jundishapur Journal of Microbiology clearly point out that Real retrospective studies is optional. In our case, we only objectively describe the therapy process that patient receive the antibiotics during hospital, do not use any experiential therapeutic drug for the clinical study. According to our own understanding, our paper is a real retrospective study. In addition, patients signed the informed consent from our hospital, and completely understand the doctor's treatment strategy for her disease. In china, moxifloxacin could serve as empirical antibiotic treatment for patients with cirrhosis under the guidance of a doctor. What is more, moxifloxacin is also recommended as empirical antibiotic treatment for patients with cirrhosis under the guidance of a doctor. For this patient, her infectious symptom was no sign of improvement after receiving imipenem/cilastatin+Linezolid therapy, appearing an aggravated chest tightness and shortness of breath. So, we invited these doctors from respiratory medicine, gastroenterology, pharmacy, and infection to discuss her anti-infectious therapy. All doctors agree to use moxifloxacin for controlling her infectious symptom. Thereby, our case is a normal process of clinical treatment rather than clinical research, and there is no need for clinical ethical approval (Ethical Approval Code) during the treatment.

In addition, according to editor comments "The case presentation is too long, reduced to 1 page", we delete some content in the revised paper.

doctor's advice, as see below.



上海市松江区中心医院

住院病史录

姓名：郑桂英 科室名称：消化外科病房 床位号：3437 住院号：21921636

自觉胸闷气促明显，无胸痛、心慌等不适。查体：血压 114/55mmHg,神清，精神萎，呼吸急促，两肺呼吸音粗糙，可闻及湿罗音，心率 94 次/分，律齐，腹软，腹部无压痛，无反跳痛，murphy 征阴性，全腹未扪及肿块，肝脾未触及。肝区无叩击痛，无移动性浊音。肠鸣音 3 次/分，胃区无振水声。双侧腹股沟区未扪及明显肿物。

辅检：血常规报告(20190819)：白细胞：12.18*10^9/L↑；血红蛋白：94g/L↓；血小板：86*10^9/L↓；中性粒细胞%：86%↑； 中性粒细胞#： 10.48*10^9/L↑； C-反应蛋白： 137.54mg/L↑；

血培养报告(20190819)： 均阴性。

急诊生化报告(20190819)：白蛋白(急)：27.1g/L↓；肌酐(急)：147umol/L↑；血浆尿素(急)：11.69mmol/L↑； 钾(急)： 3.43mmol/L↓； 钠(急)： 130mmol/L↓； 氯(急)： 95.2mmol/L↓；

急诊生化报告(20190819)： hs-肌钙蛋白 T(急)： 25.04Pg/ml↑； B 型钠尿肽前体(急)： 5454pg/ml↑；

分析及处理：患者体温高峰较前下降，但复查血常规提示白细胞、中性粒细胞、CRP 等炎症指标较前升高，考虑感染控制不佳，结合患者基础疾病情况，考虑患者病情危重，目前治疗效果不佳，予以今日申请院内大会诊协助诊治。

上级医师:邓永芳 医生签名:史玉娟

2019-08-20 15:50 日常病程录

患者今日行院内大会诊，目前考虑为重症肺炎、呼吸衰竭，结合患者基础疾病较多，一般情况较差，考虑患者病情危重，建议转 ICU 进一步诊治，患者及其家属商议后拒绝转 ICU 进一步治疗，上级医师指示予以告病危。再次追问病史，患者此次入院前有服用皮肤药物，具体不详。患者肝功能损害不排除药物性肝损害引起可能。目前诊断：1、血吸虫性肝硬化失代偿期 Child-pugh 评分 C 级 2.重症肺炎 3.1 型呼吸衰竭 4、药物性肝损害 5.2 型糖尿病。 予以抗生素更改为泰能+莫西沙星联合抗感染， 注意加强吸氧、纠正电解质紊乱。

医生签名:史玉娟

2019-08-20 16:30抢救记录(补)

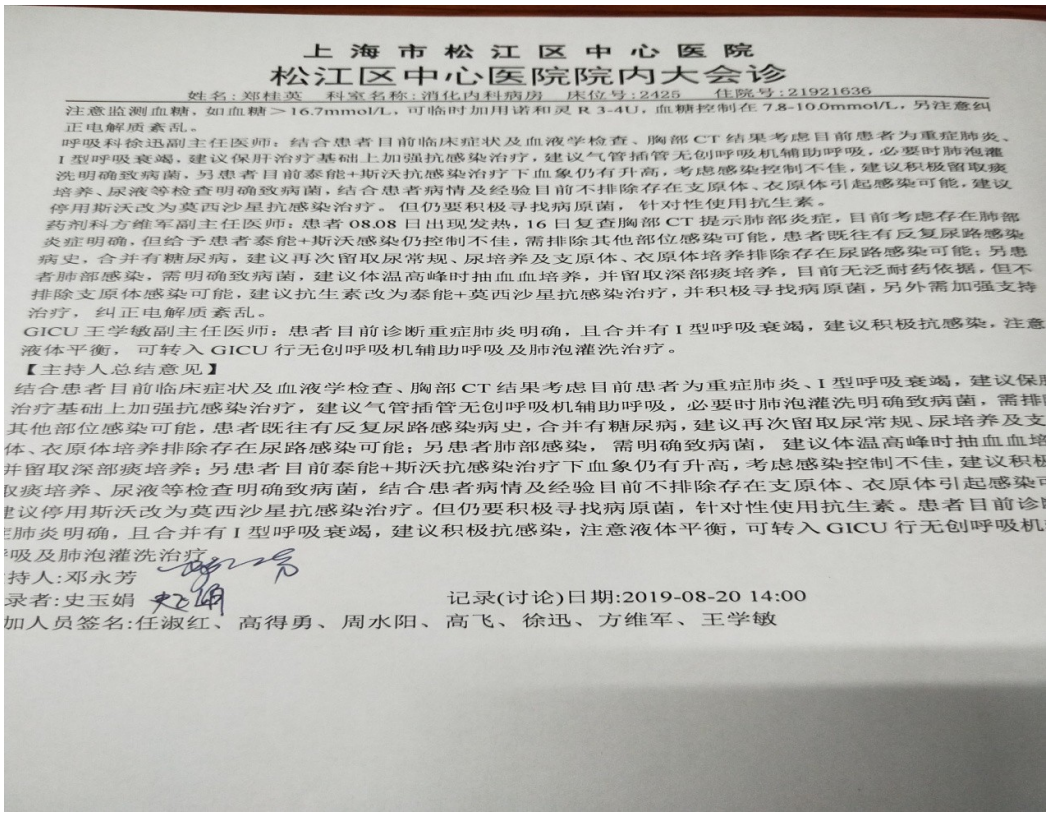
抢救时间： 2019-08-20 15:56

主持抢救人员 （姓名及技术职称）： 邓永芳副主任医师

参加抢救人员 （姓名、 技术职称， 包括护士）： 邓永芳副主任医师、 王力波主治医师、 史玉娟住院医师

抢救经过：患者女，76 岁，因"皮肤巩膜黄染 3 天"入院， 入院后反复出现发热， 患者今日行院内大会诊，目前考虑为重症肺炎、呼吸衰竭，结合患者基础疾病较多，一般情况较差，考虑患者病情危重；且再次追问病史，患者此次入院前有服用皮肤药物，具体不详。患者肝功能损害不排除药物性肝损害引起可能。结合患者目前出现重症感染，会加重肝损害，严重时出现肝衰竭，继续予以思美泰、异甘草酸镁、优思弗肝退黄治疗，维生素 K1 纠正凝血功能，根据会诊结果予亚胺培南和莫西沙星覆盖 G+、G-\支原体、衣体病菌加强抗感染、补液补钾等对症支持治疗；并给予面罩吸氧，积极补充白蛋白加强营养支持、补钾钠等纠正电解质紊乱，另一方面考虑患者年龄较大，心功能较差， 注意患者尿量， 必要时利尿治疗；患病情危重，建议转 ICU 进一步行无创呼吸机辅助呼吸及排痰治疗，患者及其家属商议后拒绝转 ICU 一步治疗， 反复告知患者家属病情； 表示理解。

第 17 页



上海市松江区中心医院

松江区中心医院院内大会诊

姓名：郑桂英　科室名称：消化内科病房　床位号：2425　住院号：21921636

注意监测血糖，如血糖＞16.7mmol/L，可临时加用诺和灵 R 3-4U，血糖控制在 7.8-10.0mmol/L，另注意纠正电解质紊乱。

呼吸科徐迅副主任医师：结合患者目前临床症状及血液学检查、胸部 CT 结果考虑目前患者为重症肺炎、I 型呼吸衰竭，建议保肝治疗基础上加强抗感染治疗，建议气管插管无创呼吸机辅助呼吸，必要时肺泡灌洗明确致病菌，另患者目前泰能+斯沃抗感染治疗下血象仍有升高，考虑感染控制不佳，建议积极留取痰培养、尿液等检查明确致病菌，结合患者病情及经验目前不排除存在支原体、衣原体引起感染可能，建议停用斯沃改为莫西沙星抗感染治疗。但仍要积极寻找病原菌，针对性使用抗生素。

药剂科方维军副主任医师：患者 08.08 日出现发热，16 日复查胸部 CT 提示肺部炎症，目前考虑存在肺部炎症明确，但给予患者泰能+斯沃感染仍控制不佳，需排除其他部位感染可能，患者既往有反复尿路感染病史，合并有糖尿病，建议再次留取尿常规、尿培养及支原体、衣原体培养排除存在尿路感染可能；另患者肺部感染，需明确致病菌，建议体温高峰时抽血血培养，并留取深部痰培养，目前无泛耐药依据，但不排除支原体感染可能，建议抗生素改为泰能+莫西沙星抗感染治疗，并积极寻找病原菌，另外需加强支持治疗，纠正电解质紊乱。

GICU 王学敏副主任医师：患者目前诊断重症肺炎明确，且合并有 I 型呼吸衰竭，建议积极抗感染，注意液体平衡，可转入 GICU 行无创呼吸机辅助呼吸及肺泡灌洗治疗。

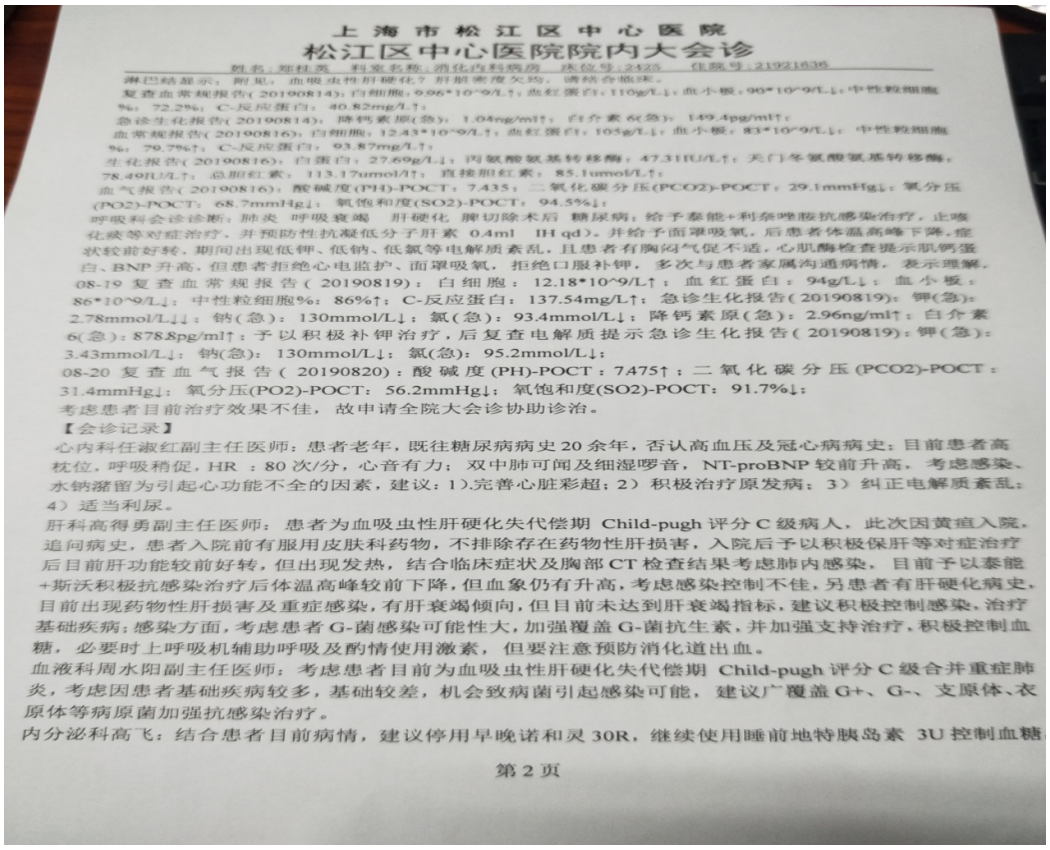
【主持人总结意见】

结合患者目前临床症状及血液学检查、胸部 CT 结果考虑目前患者为重症肺炎、I 型呼吸衰竭，建议保肝治疗基础上加强抗感染治疗，建议气管插管无创呼吸机辅助呼吸，必要时肺泡灌洗明确致病菌，需排除其他部位感染可能，患者既往有反复尿路感染病史，合并有糖尿病，建议再次留取尿常规、尿培养及支原体、衣原体培养排除存在尿路感染可能；另患者肺部感染，需明确致病菌，建议体温高峰时抽血血培养，并留取深部痰培养；另患者目前泰能+斯沃抗感染治疗下血象仍有升高，考虑感染控制不佳，建议积极留取痰培养、尿液等检查明确致病菌，结合患者病情及经验目前不排除存在支原体、衣原体引起感染可能，建议停用斯沃改为莫西沙星抗感染治疗。但仍要积极寻找病原菌，针对性使用抗生素。患者目前诊断重症肺炎明确，且合并有 I 型呼吸衰竭，建议积极抗感染，注意液体平衡，可转入 GICU 行无创呼吸机辅助呼吸及肺泡灌洗治疗。

主持人:邓永芳

记录者:史玉娟　　记录(讨论)日期:2019-08-20 14:00

加人员签名:任淑红、高得勇、周水阳、高飞、徐迅、方维军、王学敏



上海市松江区中心医院

松江区中心医院院内大会诊

姓名：郑桂英　科室名称：消化内科病房　床位号：2425　住院号：21921636

淋巴结显示：附见：血吸虫性肝硬化？肝脏密度欠均，请结合临床。

复查血常规报告（20190814）：白细胞：9.96*10^9/L↑；血红蛋白：110g/L↓；血小板：90*10^9/L↓；中性粒细胞%：72.2%；C-反应蛋白：40.82mg/L↑；

急诊生化报告（20190814）：降钙素原(急)：1.04ng/ml↑；白介素 6(急)：149.4pg/ml↑；

血常规报告（20190816）：白细胞：12.43*10^9/L↑；血红蛋白：105g/L↓；血小板：83*10^9/L↓；中性粒细胞%：70.7%↑；C-反应蛋白：93.87mg/L↑；

生化报告（20190816）：白蛋白：27.69g/L↓；丙氨酸氨基转移酶：47.31IU/L↑；天门冬氨酸氨基转移酶：78.49IU/L↑；总胆红素：113.17umol/l↑；直接胆红素：85.1umol/L↑；

血气报告（20190816）：酸碱度(PH)-POCT：7.435；二氧化碳分压(PCO2)-POCT：29.1mmHg↓；氧分压(PO2)-POCT：68.7mmHg↓；氧饱和度(SO2)-POCT：94.5%↓；

呼吸科会诊诊断：肺炎　呼吸衰竭　肝硬化　脾切除术后　糖尿病；给予泰能+利奈唑胺抗感染治疗，止咳化痰等对症治疗，并预防性抗凝低分子肝素 0.4ml　IH qd）。并给予面罩吸氧，后患者体温高峰下降，症状较前好转，期间出现低钾、低钠、低氯等电解质紊乱，且患者有胸闷气促不适，心肌酶检查提示肌钙蛋白、BNP 升高，但患者拒绝心电监护、面罩吸氧，拒绝口服补钾，多次与患者家属沟通病情，表示理解。08-19 复查血常规报告（20190819）：白细胞：12.18*10^9/L↑；血红蛋白：94g/L↓；血小板：86*10^9/L↓；中性粒细胞%：86%↑；C-反应蛋白：137.54mg/L↑；急诊生化报告（20190819）：钾(急)：2.78mmol/L↓↓；钠(急)：130mmol/L↓；氯(急)：93.4mmol/L↓；降钙素原(急)：2.96ng/ml↑；白介素 6(急)：878.8pg/ml↑；予以积极补钾治疗，后复查电解质提示急诊生化报告（20190819）：钾(急)：3.43mmol/L↓；钠(急)：130mmol/L↓；氯(急)：95.2mmol/L↓；

08-20 复查血气报告（20190820）：酸碱度(PH)-POCT：7.475↑；二氧化碳分压(PCO2)-POCT：31.4mmHg↓；氧分压(PO2)-POCT：56.2mmHg↓；氧饱和度(SO2)-POCT：91.7%↓；

考虑患者目前治疗效果不佳，故申请全院大会诊协助诊治。

【会诊记录】

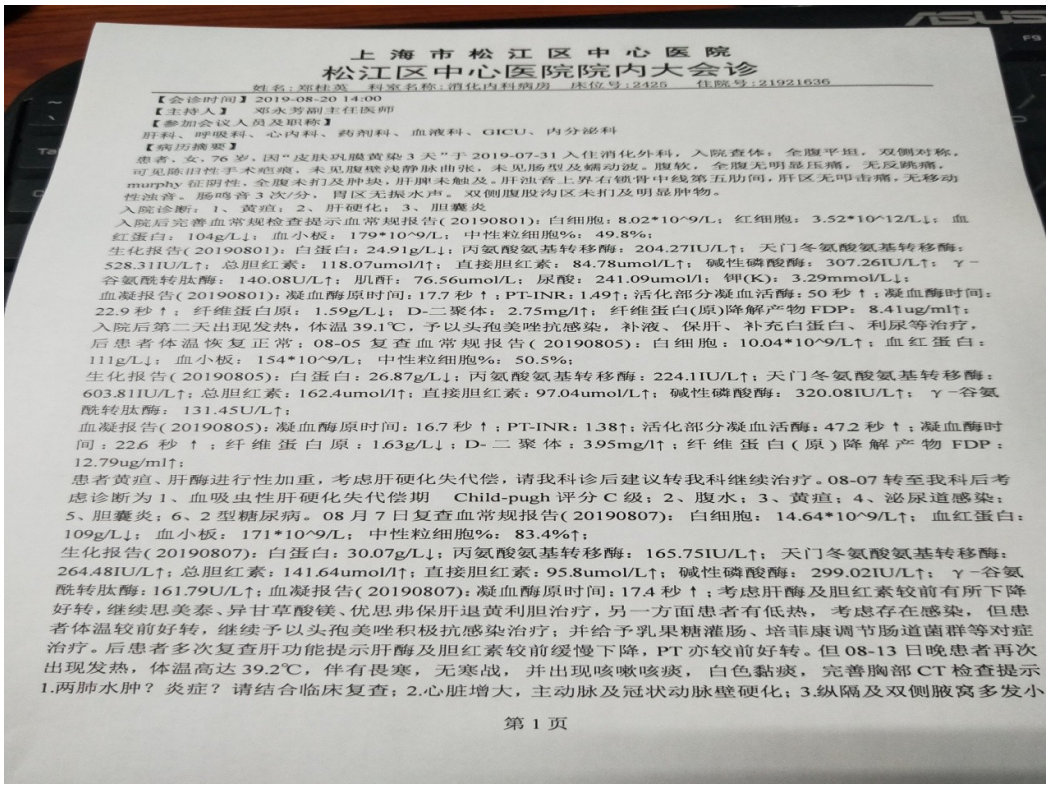
心内科任淑红副主任医师：患者老年，既往糖尿病病史 20 余年，否认高血压及冠心病病史；目前患者高枕位，呼吸稍促，HR ：80 次/分，心音有力；双中肺可闻及细湿啰音，NT-proBNP 较前升高，考虑感染、水钠潴留为引起心功能不全的因素，建议：1）.完善心脏彩超；2）积极治疗原发病；3）纠正电解质紊乱；4）适当利尿。

肝科高得勇副主任医师：患者为血吸虫性肝硬化失代偿期 Child-pugh 评分 C 级病人，此次因黄疸入院，追问病史，患者入院前有服用皮肤科药物，不排除存在药物性肝损害，入院后予以积极保肝等对症治疗后目前肝功能较前好转，但出现发热，结合临床症状及胸部 CT 检查结果考虑肺内感染，目前予以泰能+斯沃积极抗感染治疗后体温高峰较前下降，但血象仍有升高，考虑感染控制不佳，另患者有肝硬化病史，目前出现药物性肝损害及重症感染，有肝衰竭倾向，但目前未达到肝衰竭指标，建议积极控制感染，治疗基础疾病；感染方面，考虑患者 G-菌感染可能性大，加强覆盖 G-菌抗生素，并加强支持治疗，积极控制血糖，必要时上呼吸机辅助呼吸及酌情使用激素，但要注意预防消化道出血。

血液科周水阳副主任医师：考虑患者目前为血吸虫性肝硬化失代偿期 Child-pugh 评分 C 级合并重症肺炎，考虑因患者基础疾病较多，基础较差，机会致病菌引起感染可能，建议广覆盖 G+、G-、支原体、衣原体等病原菌加强抗感染治疗。

内分泌科高飞：结合患者目前病情，建议停用早晚诺和灵 30R，继续使用睡前地特胰岛素 3U 控制血糖

第 2 页



上海市松江区中心医院

松江区中心医院院内大会诊

姓名：郑桂英　科室名称：消化内科病房　床位号：2425　住院号：21921636

【会诊时间】2019-08-20 14:00

【主持人】　邓永芳副主任医师

【参加会议人员及职称】

肝科、呼吸科、心内科、药剂科、血液科、GICU、内分泌科

【病历摘要】

患者，女，76岁，因"皮肤巩膜黄染3天"于2019-07-31入住消化外科，入院查体：全腹平坦，双侧对称，可见陈旧性手术瘢痕，未见腹壁浅静脉曲张，未见肠型及蠕动波。腹软，全腹无明显压痛，无反跳痛，murphy征阴性，全腹未扪及肿块，肝脾未触及。肝浊音上界右锁骨中线第五肋间，肝区无叩击痛，无移动性浊音。肠鸣音3次/分，胃区无振水声。双侧腹股沟区未扪及明显肿物。

入院诊断：1、黄疸；2、肝硬化；3、胆囊炎

入院后完善血常规检查提示血常规报告(20190801)：白细胞：8.02*10^9/L；红细胞：3.52*10^12/L↓；血红蛋白：104g/L↓；血小板：179*10^9/L；中性粒细胞%：49.8%；

生化报告(20190801)：白蛋白：24.91g/L↓；丙氨酸氨基转移酶：204.27IU/L↑；天门冬氨酸氨基转移酶：528.31IU/L↑；总胆红素：118.07umol/l↑；直接胆红素：84.78umol/L↑；碱性磷酸酶：307.26IU/L↑；γ－谷氨酰转肽酶：140.08U/L↑；肌酐：76.56umol/L；尿酸：241.09umol/l；钾(K)：3.29mmol/L↓；

血凝报告(20190801)：凝血酶原时间：17.7秒↑；PT-INR：1.49↑；活化部分凝血活酶：50秒↑；凝血酶时间：22.9秒↑；纤维蛋白原：1.59g/L↓；D-二聚体：2.75mg/l↑；纤维蛋白(原)降解产物FDP：8.41ug/ml↑；

入院后第二天出现发热，体温39.1℃，予以头孢美唑抗感染，补液、保肝、补充白蛋白、利尿等治疗，后患者体温恢复正常；08-05复查血常规报告(20190805)：白细胞：10.04*10^9/L↑；血红蛋白：111g/L↓；血小板：154*10^9/L；中性粒细胞%：50.5%；

生化报告(20190805)：白蛋白：26.87g/L↓；丙氨酸氨基转移酶：224.1IU/L↑；天门冬氨酸氨基转移酶：603.81IU/L↑；总胆红素：162.4umol/l↑；直接胆红素：97.04umol/L↑；碱性磷酸酶：320.08IU/L↑；γ－谷氨酰转肽酶：131.45U/L↑；

血凝报告(20190805)：凝血酶原时间：16.7秒↑；PT-INR：1.38↑；活化部分凝血活酶：47.2秒↑；凝血酶时间：22.6秒↑；纤维蛋白原：1.63g/L↓；D-二聚体：3.95mg/l↑；纤维蛋白(原)降解产物FDP：12.79ug/ml↑；

患者黄疸、肝酶进行性加重，考虑肝硬化失代偿，请我科会诊后建议转我科继续治疗。08-07转至我科后考虑诊断为1、血吸虫性肝硬化失代偿期　Child-pugh评分C级；2、腹水；3、黄疸；4、泌尿道感染；5、胆囊炎；6、2型糖尿病。08月7日复查血常规报告(20190807)：白细胞：14.64*10^9/L↑；血红蛋白：109g/L↓；血小板：171*10^9/L；中性粒细胞%：83.4%↑；

生化报告(20190807)：白蛋白：30.07g/L↓；丙氨酸氨基转移酶：165.75IU/L↑；天门冬氨酸氨基转移酶：264.48IU/L↑；总胆红素：141.64umol/l↑；直接胆红素：95.8umol/L↑；碱性磷酸酶：299.02IU/L↑；γ－谷氨酰转肽酶：161.79U/L↑；血凝报告(20190807)：凝血酶原时间：17.4秒↑；考虑肝酶及胆红素较前有所下降好转，继续思美泰、异甘草酸镁、优思弗保肝退黄利胆治疗，另一方面患者有低热，考虑存在感染，但患者体温较前好转，继续予以头孢美唑积极抗感染治疗；并给予乳果糖灌肠、培菲康调节肠道菌群等对症治疗。后患者多次复查肝功能提示肝酶及胆红素较前缓慢下降，PT亦较前好转。但08-13日晚患者再次出现发热，体温高达39.2℃，伴有畏寒，无寒战，并出现咳嗽咳痰，白色黏痰，完善胸部CT检查提示1.两肺水肿？炎症？请结合临床复查；2.心脏增大，主动脉及冠状动脉壁硬化；3.纵隔及双侧腋窝多发小

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- Signed informed consent should be sent in supplementary.

Answer: According to reviewer comments, we upload the informed consent in the appendices.

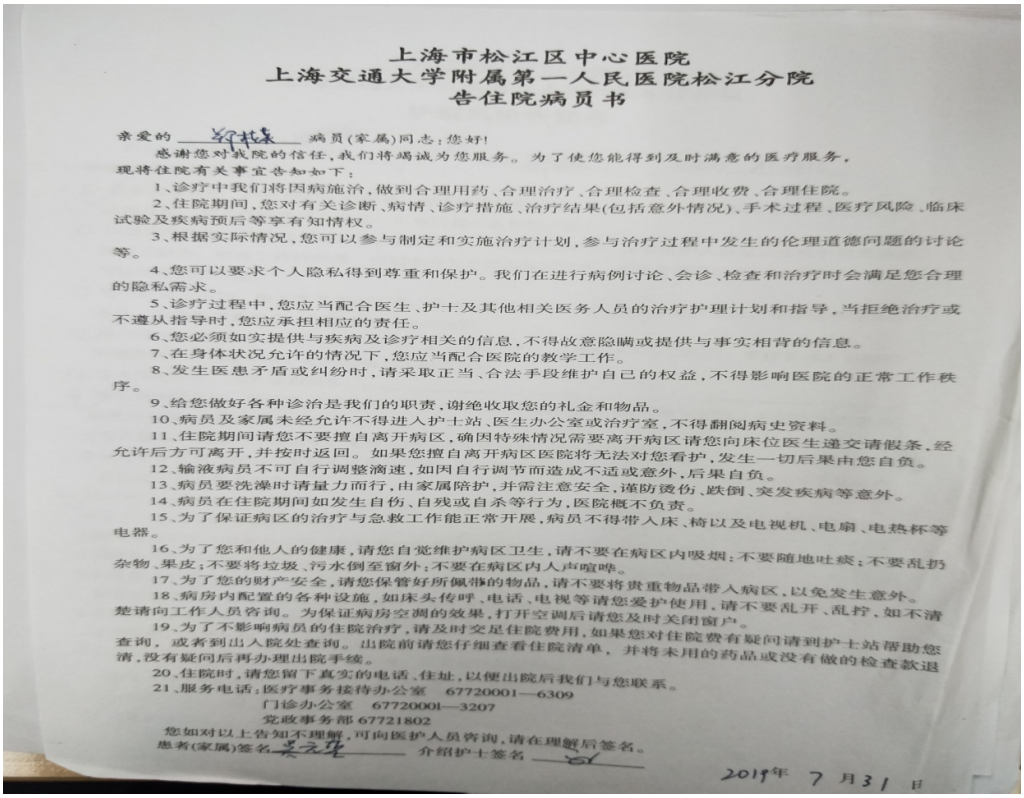
We add the content in the revised paper (Page 2).

The patient signed the informed consent, and ethical considerations were accordance with the institutional and/or national research committee.

Which types of articles need Informed Consent? Jundishapur Journal of Microbiology clearly point out that real retrospective study is optional. After downloading the Informed Consent form the journal website, we find out this Informed Consent Form is for men and women who attend Clinical Studies. In our case, we only objectively describe the therapy process that patient receive the antibiotics during hospital, do not use any experiential drug for the clinical treatments. According to our own understanding, our paper is a real retrospective study. In china, moxifloxacin could serve as empirical antibiotic treatment for patients with cirrhosis under the guidance of a doctor. What is more, moxifloxacin is also recommended as empirical antibiotic treatment for patients with cirrhosis under the guidance of a doctor. For this patient, her infectious symptom was no sign of improvement after receiving imipenem/cilastatin+Linezolid therapy, appearing an aggravated chest tightness and shortness of breath. So, we invited these doctors from respiratory medicine, gastroenterology, pharmacy, and infection to discuss her anti-infectious therapy. All doctors agree to use moxifloxacin for controlling her infectious symptom. Thereby, our case is a normal

process of clinical treatment rather than clinical research, and there is no need for the informed consent according to the journal style.

In addition, patients agree to the anti-infection therapy, and signed the informed consent of our hospital, as seen below.



上海市松江区中心医院
上海交通大学附属第一人民医院松江分院
告住院病员书

亲爱的 ____ 病员(家属)同志：您好！

感谢您对我院的信任，我们将竭诚为您服务。为了使您能得到及时满意的医疗服务，现将住院有关事宜告知如下：

1、诊疗中我们将因病施治，做到合理用药、合理治疗、合理检查、合理收费、合理住院。

2、住院期间，您对有关诊断、病情、诊疗措施、治疗结果(包括意外情况)、手术过程、医疗风险、临床试验及疾病预后等享有知情权。

3、根据实际情况，您可以参与制定和实施治疗计划，参与治疗过程中发生的伦理道德问题的讨论等。

4、您可以要求个人隐私得到尊重和保护。我们在进行病例讨论、会诊、检查和治疗时会满足您合理的隐私需求。

5、诊疗过程中，您应当配合医生、护士及其他相关医务人员的治疗护理计划和指导，当拒绝治疗或不遵从指导时，您应承担相应的责任。

6、您必须如实提供与疾病及诊疗相关的信息，不得故意隐瞒或提供与事实相背的信息。

7、在身体状况允许的情况下，您应当配合医院的教学工作。

8、发生医患矛盾或纠纷时，请采取正当、合法手段维护自己的权益，不得影响医院的正常工作秩序。

9、给您做好各种诊治是我们的职责，谢绝收取您的礼金和物品。

10、病员及家属未经允许不得进入护士站、医生办公室或治疗室，不得翻阅病史资料。

11、住院期间请您不要擅自离开病区，确因特殊情况需要离开病区请您向床位医生递交请假条，经允许后方可离开，并按时返回。如果您擅自离开病区医院将无法对您看护，发生一切后果由您自负。

12、输液病员不可自行调整滴速，如因自行调节而造成不适或意外，后果自负。

13、病员要洗澡时请量力而行，由家属陪护，并需注意安全，谨防烫伤、跌倒、突发疾病等意外。

14、病员在住院期间如发生自伤、自残或自杀等行为，医院概不负责。

15、为了保证病区的治疗与急救工作能正常开展，病员不得带入床、椅以及电视机、电扇、电热杯等电器。

16、为了您和他人的健康，请您自觉维护病区卫生，请不要在病区内吸烟；不要随地吐痰；不要乱扔杂物、果皮；不要将垃圾、污水倒至窗外；不要在病区内大声喧哗。

17、为了您的财产安全，请您保管好所佩带的物品，请不要将贵重物品带入病区，以免发生意外。

18、病房内配置的各种设施，如床头传呼、电话、电视等请您爱护使用，请不要乱开、乱拧，如不清楚请向工作人员咨询。为保证病房空调的效果，打开空调后请您及时关闭窗户。

19、为了不影响病员的住院治疗，请及时交足住院费用，如果您对住院费有疑问请到护士站帮助您查询，或者到出入院处查询。出院前请您仔细查看住院清单，并将未用的药品或没有做的检查款退清，没有疑问后再办理出院手续。

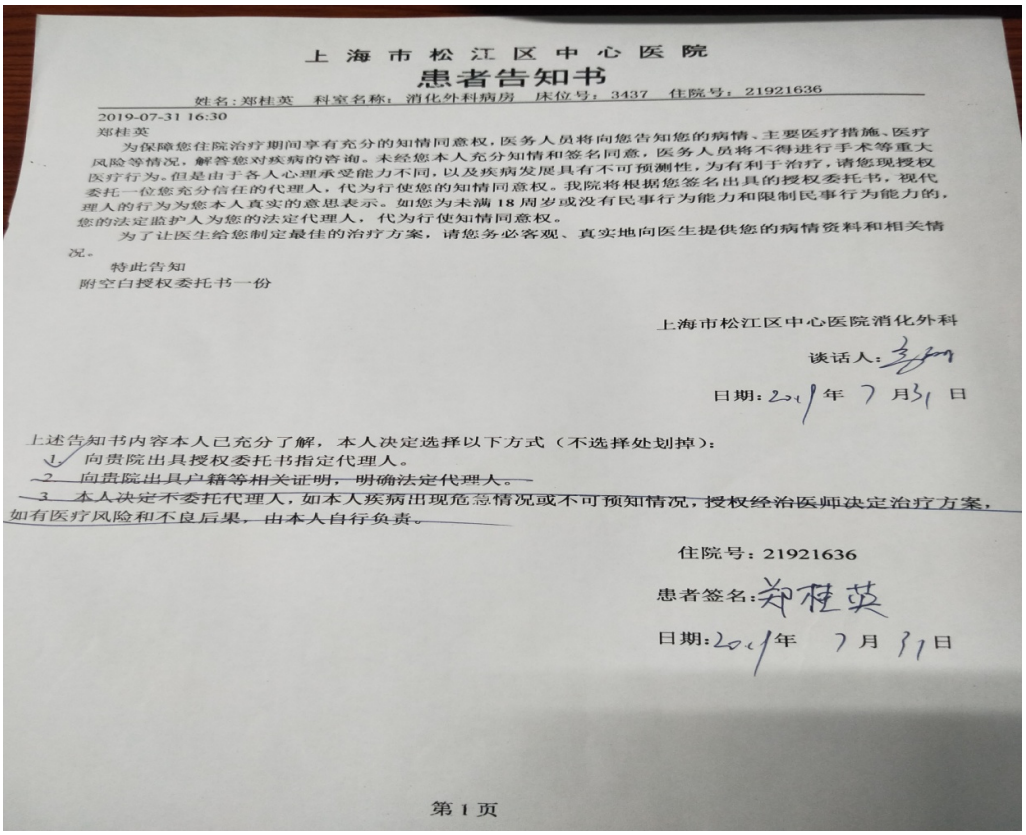
20、住院时，请您留下真实的电话、住址，以便出院后我们与您联系。

21、服务电话：医疗事务接待办公室 67720001—6309
门诊办公室 67720001—3207
党政事务部 67721802

您如对以上告知不理解，可向医护人员咨询，请在理解后签名。

患者(家属)签名 ____ 介绍护士签名 ____

2019年 7 月 31 日



上海市松江区中心医院

患者告知书

姓名：郑桂英 科室名称：消化外科病房 床位号：3437 住院号：21921636

2019-07-31 16:30

郑桂英

为保障您住院治疗期间享有充分的知情同意权，医务人员将向您告知您的病情、主要医疗措施、医疗风险等情况，解答您对疾病的咨询。未经您本人充分知情和签名同意，医务人员将不得进行手术等重大医疗行为。但是由于各人心理承受能力不同，以及疾病发展具有不可预测性，为有利于治疗，请您现授权委托一位您充分信任的代理人，代为行使您的知情同意权。我院将根据您签名出具的授权委托书，视代理人的行为为您本人真实的意思表示。如您为未满18周岁或没有民事行为能力和限制民事行为能力的，您的法定监护人为您的法定代理人，代为行使知情同意权。

为了让医生给您制定最佳的治疗方案，请您务必客观、真实地向医生提供您的病情资料和相关情况。

特此告知

附空白授权委托书一份

上海市松江区中心医院消化外科

谈话人：

日期：2019年7月31日

上述告知书内容本人已充分了解，本人决定选择以下方式（不选择处划掉）：

1 向贵院出具授权委托书指定代理人。

~~2 向贵院出具户籍等相关证明，明确法定代理人。~~

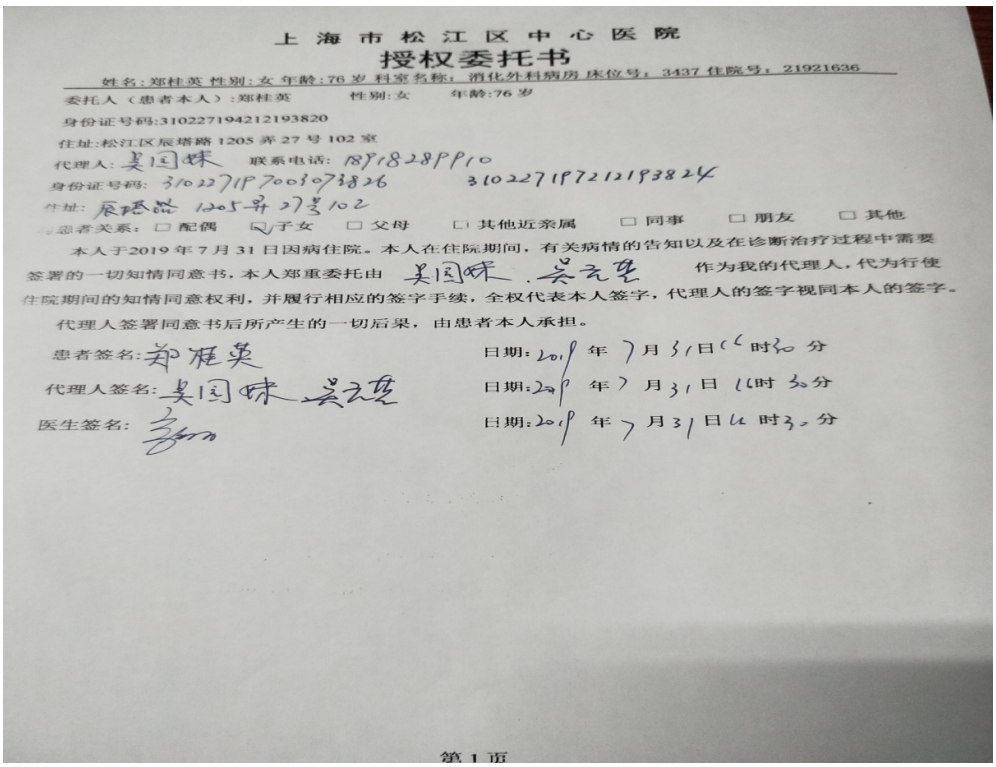
~~3 本人决定不委托代理人，如本人疾病出现危急情况或不可预知情况，授权经治医师决定治疗方案，如有医疗风险和不良后果，由本人自行负责。~~

住院号：21921636

患者签名：郑桂英

日期：2019年 7月 31日

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上海市松江区中心医院

授权委托书

姓名：郑桂英 性别：女 年龄：76岁 科室名称：消化外科病房 床位号：3437 住院号：21921636

委托人（患者本人）：郑桂英 性别：女 年龄：76岁

身份证号码：310227194212193820

住址：松江区辰塔路1205弄27号102室

代理人：吴国妹 联系电话：18918288910

身份证号码：310227197001073826 310227197212183824

住址：辰塔路 1205弄27号102

患者关系：□配偶 ☑子女 □父母 □其他近亲属 □同事 □朋友 □其他

本人于2019年7月31日因病住院。本人在住院期间，有关病情的告知以及在诊断治疗过程中需要签署的一切知情同意书，本人郑重委托由 吴国妹、吴云英 作为我的代理人，代为行使住院期间的知情同意权利，并履行相应的签字手续，全权代表本人签字，代理人的签字视同本人的签字。

代理人签署同意书后所产生的一切后果，由患者本人承担。

患者签名：郑桂英 日期：2019年7月31日11时50分

代理人签名：吴国妹 吴云英 日期：2019年7月31日11时30分

医生签名： 日期：2019年7月31日14时30分

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Associate Editor's Comments:

Associate Editor 1:

Dear EIC

According to reviewers' comments, MS acceptable after Major correction.

1- Case presentation and conclusions)

Answer: According to editor comments, we revise the content in the revised paper.

2- The case presentation is too long, reduced to 1 page.

Answer: According to editor comments, we revise the content in the revised paper.

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)** 15 Nov 2020

Dear Authors,
According to the associated editor report, your manuscript is accepted for publishing in JJM and send to the publisher for the next process.
Note:
Please add ORCID number into you and your collages account, then automatically appear in your published papers in JJM both in HTML and pdf. For more details:
https://sites.kowsarpub.com/jjm/knowledgebase/category/tree.html#orcid.html
Thanks.