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.115651
Published in: Jundishapur Journal of Microbiology: 14(2); e115651

Peer Review Report for "*Mycobacteriummucogenicum* and *Klebsiellapneumoniae* Pulmonary Infection in a Patient Following Cardiac Surgery: A Case Report"

Author(s): Zhi-peng Wen, Chun-li Xu, Qin Li, Zhi-chang Zheng, Ji-hong Yang, Ming Li, Xing-hua Fan

Review Timeline:

Submit Date: 27 Apr 2021
Revised Date: 11 May 2021
Accepted Date: 11 May 2021

Revision (0)

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

Rezvan Moniri: Associate Editor | **Revision** (0) 1 May 2021

Dear EIC,
I recommend that the following action be taken by the authors:
- Title: should be corrected and truly describes the core message of the case.
- The abstract should summarize the case, the problem it addresses, and the message it conveys.
- Abstract information should include (1) Background, (2) Key points from the case; and (3) Main lessons to be learned from this case report.
the case description should be appropriate details of the case, including demography, assessment, findings and investigations results of lab tests, treatment plan, expected outcome of the treatment plan, and the actual outcome. Mentions intervention in detail or describes the dose, timing, and route of drugs. Describe the therapeutic intervention (pharmacological, surgical) and how the interventions were administrated (dosage, strength, duration, and frequency).
- The discussion should start by expanding on what has been said in the introduction, focusing on why the case is noteworthy and the problem that it addresses. Mentions the

limitations related to the case. Describe the clinical course of the episode of care during follows visits.
the conclusion should include the implication of the case with a core key message. The author should explain whether this corroborates with or detracts from current beliefs about the problem and how this evidence can add value to future clinical practice.
- A short acknowledgments section should mention funding support or conflicts of interest, if applicable.
- The patient should provide informed consent and the author should provide this information if requested.
Thanks.

REFEREE: EIC | **Revision** (0) 2 May 2021

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 the 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.
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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. https://sites.kowsarpub.com/jjm/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.

Dear Prof. Ali Zarei Mahmoudabadi:

My co-authors and I very much appreciate your giving us the opportunity to revise our manuscript, entitled “A cases of *Mycobacterium mucogenicum* pulmonary infection in patient following cardiothoracic surgery” (115651).

We have read the reviewers’ comments and suggestions carefully are appreciated for the reviewers for their constructive comments for our manuscript. We have made effort to revise our manuscript and answer the questions raised by the reviewers. We hope that the revised version is now suitable for publication in your journal. Thank you for reconsideration of our manuscript.

Point-by-point responses to the reviewers’ comments are provided below.

With kind regards,

Sincerely yours,

Response to Reviewer #1

Minor revision

1) Title: should be corrected and truly describes the core message of the case.

Response: We sincerely thank you for these comments. The title of the manuscript has been corrected to "A cases of *Mycobacterium mucogenicum* and *Klebsiella pneumoniae* pulmonary infection in patient following cardiac surgery".

2) Abstract information should include (1) Background, (2) Key points from the case; and (3) Main lessons to be learned from this case report. the case description should be appropriate details of the case, including demography, assessment, findings and investigations results of lab tests, treatment plan, expected outcome of the treatment plan, and the actual outcome. Mentions intervention in detail or describes the dose, timing, and route of drugs. Describe the therapeutic intervention (pharmacological, surgical) and how the interventions were administrated (dosage, strength, duration, and frequency).

Response: We greatly appreciate your comments. According to your comments, we have revised the abstract and the abstract are shown below.

Abstract

Introduction: *Mycobacterium mucogenicum* (*Mycobacterium.m*) belongs to the rapidly growing mycobacteria (RPM) and it is a rare conditional pathogen. Although recent studies suggested that the incidence of *Mycobacterium.m* infection was increased in worldwide, there are no case report of *Mycobacterium.m* and *Klebsiella pneumoniae* pulmonary infection. Case presentation: A 32-year-old non-smoking male was diagnosed with congenital atrial septal defect and pulmonary arterial hypertension. After cardiac surgery, the patients was observed lung infections and rapidly developed to acute respiratory distress syndrome (ARDS). The cefoperazone and sulbactam, vancomycin, ceftazidime, carbapenem, tigecycline and micafungin were used for the treatment of pulmonary infection, but which did not work.

Ultimately, *Mycobacterium.m* and *Klebsiella pneumoniae* were identified as pathogens by using next-generation sequence. The patient was treated successfully with the administration of clarithromycin, linezolid, tigecycline, and ceftazidime-avibactam. And the clinical outcome of this patient was favorable without relapse of infection. Conclusion: Our case illustrated that *Mycobacterium.m* pulmonary infection may result to severe outcome. The Next sequencing technology is important for the identification of *Mycobacterium.m*. Additionally, the clinicians and clinical pharmacists should remain awareness in dealing with *Mycobacterium.m* infection to avoid delaying appropriate treatment.

3) The case description should be appropriate details of the case, including demography, assessment, findings and investigations results of lab tests, treatment plan, expected outcome of the treatment plan, and the actual outcome. Mentions intervention in detail or describes the dose, timing, and route of drugs. Describe the therapeutic intervention (pharmacological, surgical) and how the interventions were administrated (dosage, strength, duration, and frequency).

Response: We completely agree with the suggestion. The details of demography, assessment, findings and investigations results of lab tests, treatment plan, and major intervention were dded in the part of Case Presentation in our manuscript.

4) The discussion should start by expanding on what has been said in the introduction, focusing on why the case is noteworthy and the problem that it addresses. Mentions the limitations related to the case. Describe the clinical course of the episode of care during follows visits.

Response: We sincerely thank you for this comment. According to your suggestions, we have revised the part of Discussion in our manuscript to further illustrate why the case is notable and the lessons we learned.

5) A short acknowledgments section should mention funding support or conflicts of interest, if applicable. The patient should provide informed consent and the

author should provide this information if requested.

Response: We greatly appreciate your suggestion. The funding support and conflicts interest have been added in our manuscript. Moreover, the informed consent was provided to the patient.

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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: EIC | **Revision (1)** 11 May 2021

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 the 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.