OPEN PEER REVIEW

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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 "*Escherichia coli* Spondylodiscitis: A Case Report and Literature Review"

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Revision (0)

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

REFEREE: Associate Editor | **Revision** (0) 25 Dec 2019

Dear EIC,
- Should be re-evaluated after necessary corrections and changes are made.
- The case presentation section should describe the case in chronological order and in enough detail for the reader to establish her own conclusions about the case's validity.
- Describe the patient's complaint. List the patient's present illness, patient's medical history, family history, and patient's social history.
- List the patient's medication history before admission and throughout the case report.
- List each drug's name, strength, dosage form, route, and dates of administration.
- Provide related laboratory values that support the case.
- List the completed diagnostic procedures that are relevant and support the case.
- Summarize the salient results of the diagnostic procedures.
- On images, the relevant parts should be clearly and legibly labeled. Figures should be with high resolution and clearly explained.
- The discussion section is the most important section of the case report. It ought to evaluate the patient case for accuracy, validity, and uniqueness; compare and contrast the case report with the published literature; derive new knowledge; summarize the essential features of the report, and draw recommendations.

- Compare and contrast the differences with the literature review.
- Explain or justify the similarities and differences between the case report and the literature.
- List the limitations of the case report and describe their relevance.
- Justify the uniqueness of the case.

Thanks.

REFEREE: EIC | **Revision** (0) 25 Dec 2019

Dear Authors,

Thank you for submitting your manuscript to JJM. I have completed the review of your manuscript and a summary is appended below. The reviewers recommend 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 point by point, and provide suitable rebuttals for any comments not addressed. In addition, JJM INSTRUCTION attached to 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. 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.

***Dear* EIC,**

Thanks for your attention and comments, the following file is for answering your questions accurately. Also highlighted changes and comments are marked with numbers;

1. **Describe the patient's complaint**
2. **List the patient's present illness**
   A 68-year-old woman presented to our hospital with a 2-month history of intermittent fever, weight loss and low back pain. Her fever had no pattern and her low back pain was progressive. She had no history complaint of productive cough, nausea, vomiting and diarrhea.
3. **Patient's medical history**
   Diabetes mellitus (since 20 years ago), Ischemic heart disease (since 3 years ago), renal stone (since young age), hypertension (since 12 years ago) and chronic kidney disease (since 2 years ago)
4. **Family history, and patient's social history**
   The patient had no history of smoking or alcohol abuse but she had used consumed unpasteurized local dairy products and also described about a suspicious close contact with a tuberculosis patient in her childhood. The mother and one of her sisters were diabetic, and their father was suffering from hypertension
5. **List the patient's medication history before admission and throughout the case report**
6. **List each drug's name, strength, dosage form, route, and dates of administration**
   Her medical history included: Metformin (500mg/ twice a day), Glibenclamid (twice a day), Methoral (25mg/ twice a day) and Naproxen (500mg/ twice a day).
   Administation drugs: ciprofloxacin 400mg IV for 4 weeks then 500mg PO for 8 week.
7. **Provide related laboratory values that support the case**
   Table 1.

8. **List the completed diagnostic procedures that are relevant and support the case. Summarize the salient results of the diagnostic procedures**
   - **Lab tests: Table 1.**
   - **MRI results: evidences of L2-L3 intervertebral disk destruction and vertebral body were found in favor of spondylodiscitis. (Image 2)**
   - **Image-guided aspiration biopsy: acute to chronic inflammation and negative results of bacterial culture, MTB-PCR and brucella-PCR.**

9. **On images, the relevant parts should be clearly and legibly labeled. Figures should be with high resolution and clearly explained**
   Image 2

10. **The discussion section is the most important section of the case report. It ought to evaluate the patient case for accuracy, validity, and uniqueness; compare and contrast the case report with the published literature**
    In our investigation, only our case and the patient reported by David E. Fish had a history of diabetic mellitus, although almost the majority of patients had at least one underlying disease such as cirrhosis, chronic obstructive pulmonary diseases and etcetera.

11. **Derive new knowledge**
    Spondylodiscitis can be an iatrogenic process. In the case that reported by G. Dobson and et al., there was a history of transrectal prostate biopsy despite ciprofloxacin prophylaxis. The patient had been involved with quinolone-resistant E.coli spondylodiscitis and epidural abscess. In our patient, a history of lithotripsy can also be considered as an iatrogenic factor Blood cultures can be very helpful in diagnosing of vertebral osteomyelitis as a main lab test.

12. **Summarize the essential features of the report, and draw recommendations**
    E. coli spondylodiscitis is a relatively rare disease that has usually a source of urinary tract infection and its clinical signs and symptoms are not distinguishable from vertebral osteomyelitis due to other agents. Furthermore, blood culture can be helpful as a diagnostic method.

13. **Compare and contrast the differences with the literature review**

The most common symptom of this infection is pain. Pain usually occurs on the site of the vertebral involvement, which usually progresses gradually, and sometimes continues throughout the night and disrupts the patient's rest. Although fever is more common in children, the presence of back pain and fever should make it possible for clinicians to diagnose vertebral osteomyelitis. Also, in this review, the most common symptoms of E.coli spondylodiscitis were fever and pain.

14. **Explain or justify the similarities and differences between the case report and the literature.**
Our patient is similar to most previous patients in some items such as chief complient, underlying disease and similar to del Pozo case in level of involvement, but our patient blood culture is negative unlike most cases.

15. **List the limitations of the case report and describe their relevance.**
We tried to carry out second aspiration biopsy but the patient was not satisfied.

16. **Justify the uniqueness of the case**
In our reported patient, returning to the patient's medical history and finding a previous urinary tract infection and E.coli bacteremia were crucial in helping to treat the patient.

With best regards

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REFEREE: EIC | **Revision (1)** 23 Jan 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.
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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. http://single.demo.pub/en/knowledgebase/category/tree.html#orcid.html
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