

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55312

Title: COVID-19 managed with early non-invasive ventilation and bundle pharmacotherapy: A case report

Reviewer's code: 03342506

Position: Associate Editor

Academic degree: MD, MSc

Professional title: Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-03-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-11 17:04

Reviewer performed review: 2020-03-12 16:12

Review time: 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Manuscript is well written. This paper introduces a case report of pneumonia due to 2019 novel coronavirus (2019-nCoV). Authors discuss some aspects related to patient care, including non-invasive ventilation and pharmacotherapy. Due to the global risk of coronavirus outbreak and lack of information about effective measures of prevention and treatment this case report has some novelty in it. However, treatment considerations might have been better deliberated. The following should be considered prior to publication in the journal. The following issues need to be considered prior to publication: 1. Did the patient give consent prior publication? 2.1. There is lack of appropriate details related to patient history and demography. In particular it is not clear if the patient has any co-morbidities, apart from hypertension and gout. Does she receive any medications on regular basis? Her body weight index is of interest. 3.2. It would be beneficial if the authors can give more details on outpatient evaluation and give a comment on how she was transferred to the hospital. From epidemiologic standpoint it is interesting to know if she was isolated before admission. 3. The authors stated that the patient received early non-invasive ventilation (NIV). In fact, she was admitted on January 25, 2020 with signs of hypoxemia PaO₂ of 52.8 mmHg and PaO₂/FiO₂ ratio of 251. The NIV was started in 4 days after admission when PaO₂/FiO₂ ratio worsened to 127 mmHg. There is lack of description how the patient was progressing during this days and I doubt it is an early initiation of NIV. 4. While avoiding intubation is obviously appealing there are significant concerns among the clinicians with the use of NIV for this indication. In addition to the risk of delayed intubation NIV is associated with “leak” and increased risk of exposure for health care workers. Please elaborate on your rationale and how would you mitigate these risks (was the patient in negative pressure room, etc). Also, please comment on NIV vs high

flow O₂ for predominantly hypoxemic respiratory failure. 5. The pharmacotherapy “cocktail” included lopinavir/ritonavir antiviral tablets, thymosin, methylprednisolone, Xuebijing, low-molecular-weight heparin. The authors should state if medications were used off-label. 6. Recommendation to consider this treatment plan should be supported by more detailed description of rationale to use these medications. An anti-inflammatory drug XueBiJing is not well known among clinicians worldwide. It would be beneficial if authors will add a comment and a reference of recent studies. Using steroids for viral infection, such as SARS, showed little benefit and may be even harmful. If the markers of inflammation were monitored the authors may add this information into their report. Please provide more elaborate rationale for your recommended approach with regards to on-going controversies

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55312

Title: COVID-19 managed with early non-invasive ventilation and bundle pharmacotherapy: A case report

Reviewer's code: 02673241

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-03-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-13 14:08

Reviewer performed review: 2020-03-16 16:10

Review time: 3 Days and 2 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Since this article is regarding experience with treating novel coronavirus-associated pneumonia, the topic is interesting. However, there are some issues that need to be fixed. Major: There have also been reports not recommending using corticosteroids in treatment with bundle pharmacotherapy. What are your thoughts regarding this? Additionally, what are your thoughts on the mechanisms of action of the various antiviral agents for which you expect effects to be observed? There is a need to discuss the aforementioned topics. Minor: The World Health Organization (WHO) designated the “novel coronavirus pneumonia” as “COVID-19” on February 11, 2020. Thus, there is a need to revise all mention of “novel coronavirus pneumonia” accordingly.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☒ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☒ No