

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology

**Manuscript NO:** 61823

**Title:** Cardio-thoracic imaging and COVID-19 in the pediatric population: a narrative review

**Reviewer's code:** 05382254

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Chief Physician, Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-01-21

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2021-01-22 07:42

**Reviewer performed review:** 2021-01-23 03:45

**Review time:** 20 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Paolo Ferrero et al. made a narrative review of the chest imaging findings of pediatric patients with suspected / COVID-19 from the aspects of chest X-ray, Computer Tomography, lung ultrasound and multimodal cardiovascular imaging. It can be seen that the authors are deliberate in carrying out this work. Throughout the full text, there are still some shortcomings. 1. Since it is described according to the type of imaging examination, some unusual imaging examinations need to be reviewed, such as ventilation / perfusion radionuclide scanning. 2. The priority of these imaging examinations should also be mentioned incidentally. In fact, considering the accuracy, cost, high radiation exposure of chest CT and the need for sedation during examination, lung ultrasound is more commonly used than CT in pediatric patients. 3. Abdominal involvement is one of the main features of MIS-C. What is the relationship between abdominal involvement and cardio-thoracic imaging findings? Perhaps the cardiothoracic imaging findings are negative in some pediatric COVID-19, but the manifestation of abdominal involvement is already obvious, similar to this situation, need to be briefly described in this article. Because the imaging findings related to pediatric COVID-19 patients may be subtle in chest X-ray and chest CT examination, pediatric radiologists need to realize that there is some logical relationship between these imaging findings and clinical features, think and judge, and finally apply it to the diagnosis of COVID-19 in pediatric patients. 4. For the differences in imaging manifestations between children and adults, it is suggested to give a simple analysis of the reasons, such as low immunity in children, different receptors of pulmonary angiotensin converting enzyme 2 (ACE-2), dysplasia of lung cell structure in children, etc., in order to provide analytical ideas and reference for clinicians. 5. Limitations are not mentioned, such as the inconsistency or even contradiction in some of the data



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included in this review, which may interfere with the final judgment and interpretation.

6. The article does not provide the age range of the subjects in the literature, and the imaging findings are different in different age groups of children. 7. There are some spelling mistakes in the text, such as: Covid-19 SARS-COV2, etc. 8. It is recommended to add references in appropriate places, such as: Common findings were: 'A line in 72%, various pattern of B line in 27%, while parenchymal nodular consolidation were more rare as compared with adults (10%)', etc.

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**Reviewer's code:** 02623966

**Position:** Editorial Board

**Academic degree:** MD, MSc, PhD

**Professional title:** Attending Doctor, Research Scientist

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-01-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-01-24 15:18

**Reviewer performed review:** 2021-01-24 15:19

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### **SPECIFIC COMMENTS TO AUTHORS**

It is an interesting manuscript. Authors succeed to present their data in a clear way adding information to the existing literature. Therefore, I have no corrections to do and the manuscript can be published unaltered.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-01-21

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2021-02-20 04:07

**Reviewer performed review:** 2021-02-21 13:23

**Review time:** 1 Day and 9 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Comments The author revised the format of the manuscript paragraph headings and corrected some spelling mistakes under the requirements of the journal. In the ADDITIONAL SPECIFIC IMAGE MODALITIES section, the author briefly describes ventilation/perfusion radionuclide scanning and mentions the limitations of this review in the last paragraph. But the author's revision of the manuscript is too minor, a total of 213 words have been changed. There are still some important places that have not been modified as required. 1.What is the relationship between abdominal involvement and cardiothoracic imaging findings? 2.It is necessary to make a simple analysis of the differences in image performance between children and adults, to provide a reference for clinicians, especially pediatricians. 3. There is still no references added to this place: "A line in 72%, various pattern of B line in 27%, while parenchymal nodular consolidation were more rare as compared with adults (10%)". 4. The "Audio Core Tip" file should be in audio format, but the author uploaded a WORD document format. Suggestion: 1. Modify again for the above aspects. 2. Uploaded "Answering-Reviewers-revision" in the form of WORD file.

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**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-01-21

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2021-02-21 16:49

**Reviewer performed review:** 2021-02-21 16:50

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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