

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Respiriology

**Manuscript NO:** 64815

**Title:** SARS-CoV-2 with concurrent coccidioidomycosis complicated by refractory pneumothorax in a Hispanic male: Case report and literature review

**Reviewer's code:** 04686139

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-03-17

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-18 14:38

**Reviewer performed review:** 2021-03-20 17:31

**Review time:** 2 Days and 2 Hours

<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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input 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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Dear Authors Title is clear and informative; it displays the main objective of the study. The study from a scientific point of view seems to be well done. Introduction summarizes relevant research to provide context and clearly state the problem. The key words are correct. The topics are well developed and confronted to other publications. The case report is presently clearly. This study complies the following steps that are essential in an systematic review: Defining an appropriate healthcare question; Searching the literature; Assessing the studies (eligibility; methodological quality; reported findings); Combining the results; Placing the findings in context. The authors appropriately cite past literature with similar findings to theirs. Table 1 and Table 2 lack a good structure and can be improved. References cited are recent and have a high relevance to the problem.

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**Reviewer's code:** 05526453

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor, Doctor, Surgeon

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-03-17

**Reviewer chosen by:** Man Liu

**Reviewer accepted review:** 2021-03-19 07:52

**Reviewer performed review:** 2021-03-21 17:52

**Review time:** 2 Days and 10 Hours

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

I have reviewed the manuscript titled "Refractory Pneumothorax in SARS-COV-2 with concurrent coccidioidomycosis in a Hispanic male: Case report and literature review". The manuscript is relevant to the current Thoracic Surgery practice. The author has emphasized the probability of pneumothorax in a concomitant Coccidiomycosis infection occurring during/after COVID-19 infection. This is an important topic that needs to be reminded to the physicians who give care to COVID-19 patients because pneumothorax although uncommon can be a major contributing factor to morbidity and mortality. However, the article has some major issues that need to be addressed. My suggestions to the authors are as follows: 1. The Introduction and Background section is too long for a Case Report and contains irrelevant information as the title of the article is about a case with "Pneumothorax" but, there is little knowledge about pneumothorax in this section. 2. There is little or wrong information about the Thoracic Surgical practice that was performed in this case. For example, the information about respiratory system examination (inspection, auscultation, palpation, percussion) is completely missing; "right lower lung" is not a correct term to define the location of a pathological finding on "chest x-rays"; the lumen width of the pigtail catheter was not mentioned; the specialty of the physician who performed this catheter thoracostomy was not mentioned (e.g. Emergency Medicine Specialist or Thoracic Surgeon). But the most important finding in this patient was missed completely; which was the fact that he had developed tension pneumothorax at time of ER admission which can be seen clearly on his chest x-ray. Right diaphragm was depressed to the level below the left diaphragm, The intercostal spaces on the right side were further expanded than the left side. Both of which are important findings of a tension pneumothorax. 3. The Discussion section is too long. 4. The number of citations are way too much for a case report even for a review of

literature version. 5. The citations are given in varying forms such as “(1)”, “[2]” and “[3].” And it should be addressed. 6. ORCID number of one of the authors is missing. 7. This article should be thoroughly revised/re-written as a case report about “Tension Pneumothorax accompanying an Infectious Disease”.