

Response to reviewers' comments

Dear Dr. Omar,

Thank you for giving our team the opportunity to submit in the World Journal of Critical Care Medicine.

SCIENTIFIC QUALITY

revision

It is an interesting paper. It has provided us with surgical experience in handling patients with coronavirus, but this group of cases is relatively small, so it cannot be used as a promotion. It needs to be carefully considered for publication and emphasized when necessary to avoid misleading clinical practice.

Thank you for your comment and for taking the time to review our manuscript, we totally agree with your comment that the findings in series of case report should not be considered conclusive. Our work should stimulate further similar research on a larger population so as to reinforce our findings. We have added a limitation section to express this point.

Response to Journal Chief Editor' comments

SCIENTIFIC QUALITY

The case reports are very interesting, but we can add to the title Chest radiography requirements for patients with asymptomatic COVID-19 undergoing coronary artery bypass surgery: Three case reports. As it is obvious that the 3 cases were just +ve for COVID-19 without respiratory symptoms or manifestations.

Thank you for your comment. The title has been modified according to your request.

5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) *Science editor:*

Thank you for considering our manuscript and doing the needed effort to give us the comments withing a short time

1 Scientific quality: The manuscript describes a case report of the chest radiography requirements for patients with COVID-19 undergoing coronary artery bypass surgery. The topic is within the scope of the WJV.

(1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors reported an interesting paper. It has provided us with surgical experience in handling patients with coronavirus, but this group of cases is relatively small; and (3) Format: There is 1 table. A total of 18 references are cited, including 12 references published in the last 3 years. There is 1 self-citation. 2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: The authors provided the CARE Checklist–2016, and Written informed consent. The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.

[We provided COI and copyright license agreement in the revised form](#)

No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. The study was supported by 1 grant. The topic has not previously been published in the WJV. 5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

[We uploaded the approval from our institute which is considered the grant approval form](#)

and (2) Authors should always cite references that are relevant to their study. Please check and remove any references that not relevant to this study. Authors should not cite their own unrelated published articles.

Please check and remove any references not relevant to this study. The authors self-referencing number should be no more than 3. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

[We totally agree with this concern, and we have cited the needed references which provide the backbone of this work. We were the first to publish in the context of COVID-19 in cardiac surgery and now we are extending our work. Our previous work was published in a reputed journal and it was taken in account in the Up to date section in anesthetic management of cardiac surgery in patients with COVID-19 <https://www.uptodate.com/contents/anesthesia-for-cardiac-surgery-general-principles>](#)