



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 63189

**Title:** Observation on the efficacy of different antibiotics in the treatment of children with respiratory mycoplasma infection

**Reviewer's code:** 03507584

**Position:** Peer Reviewer

**Academic degree:** FCPS, PhD

**Professional title:** Director, Professor

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

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

**Manuscript submission date:** 2021-03-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-02 10:25

**Reviewer performed review:** 2021-03-29 15:05

**Review time:** 27 Days and 4 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 Grade E: Do not publish
<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 type="checkbox"/> Yes <input checked="" 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**

Human lung function and immune function are worse in childhood, children are more susceptible to infection with *Mycoplasma pneumoniae*. *Mycoplasma* pediatric infection is a common pediatric respiratory infection in clinical practice. The commonly used drug for pediatric mycoplasma infection is erythromycin, which is efficient in killing mycoplasma. The clarithromycin has been gradually applied to the treatment of mycoplasma infection-related diseases. In this brief study, the authors provide a comprehensive review to investigate the clinical value of clarithromycin in the treatment of pediatric respiratory mycoplasma infection. This study overall is well designed. The inclusion and exclusion criteria are reasonable, and clear. The results are interesting, and well discussed. The reviewer suggests to accept this manuscript after a minor editing.