

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Virology*

**Manuscript NO:** 68588

**Title:** Evaluation of an asymptomatic COVID-19 patient post-surgery with chest radiography: A surgeon's dilemma

**Reviewer's code:** 06006212

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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**Reviewer chosen by:** AI Technique

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<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 Grade E: Do not publish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 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

## **SPECIFIC COMMENTS TO AUTHORS**

Thank you very much for letting me contribute to this manuscript. Whereas the negative aspect of routine CXR has been studied in postoperative patients, clinical judgement on COVID patients are controversial topic in this pandemic era. The authors' scientific perspective should be evaluated properly. I suppose the consensus of not taking unnecessary CXR is self-evident. Many previous studies have shown that routine CXR after cardiac surgeries are unnecessary unless the patients have clinical findings. Here, the ultimate question is if routine postoperative CXR follow-up for asymptomatic COVID patients are unnecessary or not. My opinion is yes. COVID-19 often take drastic clinical courses. We frequently experience such cases where asymptomatic PCR positive patients abruptly started presenting dyspnea, desaturation, making us intubate them within 24 hours. We sometimes cannot save the lives of those patients. In the case series by Omar et al, none of the three presented dyspnea, making them not perform CXR. However, it seems dangerous to say that routine CXR on asymptomatic COVID patients are unnecessary based on the only three cases that happened to be successful. The next asymptomatic patients may collapse quickly. In addition, many of the patients with myocardial infarction or acute decompensated heart failure present overlapped symptoms with COVID pneumonia such as dyspnea, desaturation, pulmonary rales, etc. Distinguishing etiologies of these symptoms are not always clear-cut. Routine CXR could be of help to dictate the next action of medical professionals. Therefore, the clinical viewpoint of this manuscript should be emphasized. Although this manuscript has some ambiguity regarding their opinions (whether they are for or against CXR) and rationale (the logical connection between the opinion and the part c was not immediately understandable), the trend towards undertreatment should be alarmed.