

AUTHORS' REPLY TO COMMENTS

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The authors describe a very lucky high immunological risk pregnant female in her 20 weeks of gestation that develops a SARS CoV-2 infection without significant lung disease as judged because no mention to supplemental oxygen requirement was mentioned in their report. Maybe, this female is in the group of patients, even immunosuppressed patients, which do not develop severe Covid-19. If, in fact this is true, the immunosuppressive scheme modifications could be useless. Nevertheless, they are correct with their comments and clinical judgement while managing their very complicated patient. The manuscript is well written, but I (and also the readers) will certainly appreciate some comments about how lucky, in fact, was this is high risk, third kidney transplanted pregnant lady.

Author's reply:

Thank you very much for your comments. We absolutely agree that the patient could be in this group of patients who luckily do not develop severe COVID-19 disease for still unknown reasons, especially for her status of a third kidney transplant with hyperimmune status. We included this comment in the revisited version of the manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: I would like to thank the authors for this letter to the editor with interest. English language and clinical aspects for this case report are of acceptable quality. SARS-CoV-2 infection in KT and pregnancy is indeed of great concern. Authors should try to provide more detail concerning the virological, pathological and clinical aspects of this case. Was the placenta

positive in PCR ? Was the fetus positive in PCR ? Any kidney transplant biopsy ? Performing these tests in that such interesting case is of high interest. Please add the references indicated in the attached file and discuss the fact that in KT and pregnant patients, SARS-CoV-2 is a great candidate for chronic replication like CMV. Best Regards.

Author's reply:

Thank you for your comments. After delivery, the placenta and the newborn were not tested for SARS-CoV-2 PCR, therefore unfortunately we do not have these interesting data. Also, since the pregnant status and the stable kidney function, we didn't perform graft biopsy in order to avoid possible biopsy-related complications. We agree that this data would definitely be very interesting, and a comment on this has been added in the revisited manuscript.

Also, KT pregnant recipients are very susceptible to chronic infections such as CMV infection. In particular, CMV screening was constantly performed in our patient during all the pregnancy, but the infection was not detected. This comment and the references kindly suggested by the reviewer has been included in the revisited manuscript.