PEER-REVIEW REPORT

Name of journal: *World Journal of Meta-Analysis*

Manuscript NO: 83137

Title: Cytomegalovirus pulmonary infection: Case Report and Systematic Review

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06347039

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-01-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-09 05:31

Reviewer performed review: 2023-01-19 04:31

Review time: 9 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is case bases systematic review on CMV in immunocompetent and and immunocompromised patients. It is a important topic but many comments need to be addressed. 1. why you are corelating COVId-19 with CMV? Your study is based on CMV meta analysis? 2. Third para of Introduction "this research aims to demonstrate that CMV lung infection is a rare condition". what is meant by this. your research is not demonstrating this. 3. Introduction is not well written and is quiet confusing. why this study is important? it should be mentioned in the introduction. 4. Please mention the dated in data sources (Material and Methods) 5. Please mention about the studies about coinfection of CMV with other bacterial, fugal or parasitic diseases 6. draw a flow chart showing the main steps of methods and about studies included and excluded 7. Results are insufficient. More results should be added. Results are very brief and is not well written. It is not presenting the exact title and importance of the research. 8. No graphs are drawn to show the results.

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Reviewer's code: 03276926

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: France

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-01-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-02-06 10:05

Reviewer performed review: 2023-02-06 18:33

Review time: 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [Y] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No novelty
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SPECIFIC COMMENTS TO AUTHORS

The paper by Awotar Kanika and Jonathan Soldera propose a kind of meta-analysis regarding cytomegalovirus (CMV) pneumonitis. After a first screening on 445 references in Pubmed (by using cytomegalovirus and pneumonia and respiratory infection, I obtained more than 2000 results!), the authors selected 43 studies reporting 45 case reports of individuals exhibiting this pathology. Then, the paper is limited to a few Tables recapitulating these observations and some general results and to a short discussion paraphrasing the results included in the Table. I am puzzled by the naivety of this analysis that is completely disconnected from the clinical reality. More than 50 years after the first report of a pneumonia related to CMV, hundreds of patients exhibited this kind of pathology, notably during the first era of AIDS pandemic, with a high number of fatalities. I don't understand how the authors could propose a selection of only 43 studies (less than one per year since 1968) despite the fact that CMV infection is a very common cause of pneumonia and severe respiratory distress in immonocompromised patients. To only give one example of recent paper coming also from the UK, Takerifard et al. reported 12 cases of acute respiratory infection with co-infection by CMV and

SARS-CoV-2 in a short review of the literature (Taherifard E, Movahed H, Kiani Salmi S, Taherifard A, Abdollahifard S, Taherifard E. Cytomegalovirus coinfection in patients with severe acute respiratory syndrome coronavirus 2 infection: a systematic review of reported cases. Infect Dis (Lond). 2022;54(8):543-557. doi:10.1080/23744235.2022.2070273). I do not understand the aim of this study. A more interesting angle of view would have been to take into consideration only those CMV pneumonias that occur in immunocompetent individuals. Even if it is very dangerous to withdraw general conclusions from collections of case reports, it would have been more original that the present study that cumulates bias (notably all the recent reports concern atypical situations that merit a case report, often in low-impact journals) and bring no new findings. In addition, there are a lot of spelling mistakes and also a mistake in the reference numbered 29. The PRISMA file is not completed.