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# PEER-REVIEW REPORT

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

**Manuscript NO:** 85207

**Title:** Neonatal erythema multiforme associated with a rotavirus infection: A case report

**Provenance and peer review**: Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03119204
**Position:** Peer Reviewer
**Academic degree:** MD

**Professional title:** Professor

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

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2023-04-17

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-04 01:54

**Reviewer performed review:** 2023-05-10 06:06

**Review time:** 6 Days and 4 Hours

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[ ] Grade D: Fair [ ] Grade E: Do not publish |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

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|---|---|
| **Scientific significance of the conclusion in this manuscript** | [ ] Grade A: Excellent [ Y] Grade B: Good [ ] 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) [ Y] Minor revision [ ] Major revision [ ] Rejection |
| **Re-review** | [ Y] Yes [ ] No |
| **Peer-reviewer statements** | Peer-Review: [ Y] Anonymous [ ] Onymous |
| | Conflicts-of-Interest: [ ] Yes [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

Response to Authors, In this case report, Kim et al. and colleagues reported that neonatal erythema multiforme (EM) is associated with a rotavirus infection. Even if the case report seems interesting for observing the clinical rareness of neonatal EM due to rotavirus infection, I have a few concerns about the clinical scenarios and strategies. 1. As previously, high-impacted studies have shown that formula-fed milk neonates are at higher risk for Rotavirus infection[1]. Henceforth, is it definitive that rotavirus infection was related to formula fed-milk other than EM? How did the physicians rule out this important scenario? Could you please elaborate on this specific issue? (1) J Hosp Infect. 1984;5(4):438-443, PMID: 6085100 2. Did the authors think of the possibility of other triggering factors for EM, such as hepatitis B and BCG vaccination in infants? And if did, then how did the physician rule it out? Please explain. In addition, did the neonate have had BCG immunization? To date, there have been two reports suggesting an association of EM with BCG vaccination as a nonspecific reaction[2,3]. These reactions may be mediated by immunological hypersensitivity reactions to antigens in the vaccine. Hence, the authors need to point out the BCG vaccination history too, it can be

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shortly discussed. (2) S Afr Med J. 1980;57:332–334, PMID: 7355353 (3) Arch Dermatol. 1979;115:614–615, PMID: 443840 3. Do the parents have a history of any HPV and/or hepatitis-related infections, specifically the mother of the neonate? If not, the authors need to briefly discuss, and clearly mention this differential diagnosis history in the case report.

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**Peer-review model:** Single blind

**Reviewer's code:** 07723354
**Position:** Peer Reviewer
**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2023-04-17

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-07-06 15:37

**Reviewer performed review:** 2023-07-13 20:00

**Review time:** 7 Days and 4 Hours

| | |
|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[Y] Grade D: Fair [ ] Grade E: Do not publish |
| **Novelty of this manuscript** | [ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair<br>[ ] Grade D: No novelty |
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| **Re-review** | [ ] Yes [ Y] No |
| **Peer-reviewer statements** | Peer-Review: [ Y] Anonymous [ ] Onymous |
| | Conflicts-of-Interest: [ ] Yes [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

The Neonatal erythema multiforme associated with a rotavirus infection: a case report manuscript's main finding is a neonatal patient with erythema multiforme (EM), whose laboratory diagnostic showed only rotavirus presence, instead of other pathogens which were previously reported to be a cause of EM. The authors assume the majority of the literature on neonatal EM does not explicitly identify the disease's etiology because the physicians do not initiate testing for all the possible etiologies that can cause EM. The authors suggest that clinicians should test for all possible causes of EM to increase the likelihood of identifying the causative agent. While I agree with this suggestion, I believe that extended testing should only be conducted if it has meaningful clinical relevance, such as applying a specific treatment for the causing agent. In this case, there is no specific medication to treat Rotavirus infection besides treating the symptoms, and the symptoms of EM improved rapidly without further medication. Additionally, the study's limitation is that it associates the presence of Rotavirus amino acid in the blood with EM, which may be a correlation rather than causation. Further examination is needed to confirm that Rotavirus causes EM. 1 Title. Yes, the title perfectly reflects

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the main subject of the manuscript. 2 Abstract. Yes, the abstract summarizes the manuscript. 3 Key Words. Yes, the keywords highlight the topic of the manuscript. 4 Background. Overall yes, but the authors should consider complementing the introduction with more extensive information about rotavirus vaccination. Furthermore, the authors should deliberate to add more references about cutaneous disorders implicated by rotavirus. 5 Methods. The serological tests for several viral IgM and the multiplex PCR-based detection of bacterial and viral infections are adequate methods to uncover acute bacterial or viral infections. However, after the positive rotavirus PCR results, I would have recommended stool-based rotavirus detection as confirmation of acute rotavirus infection. 6 Results. The laboratory results for infection detection are interpreted clearly. A skin biopsy could be a validation for the EM diagnosis but it was not performed because of the rapid improvement of the EM and the youngness of the patient. In my opinion, other detection methods for acute rotavirus infection such as stool culture would have supported the association between the rotavirus infection and the EM. 7 Discussion. The manuscript interprets the diagnosis and the laboratory findings. The findings' relevance to the literature could be explained better with additional examples of skin disorder symptoms caused by rotavirus infection. Rotavirus has been rarely implicated with some cutaneous disorders such as generalized maculopapular exanthema, infantile acute hemorrhagic edema, Gianotti-Crosti syndrome, and macular exanthema. Furthermore, in most of the cases when rotavirus caused skin disorders there were classical gastrointestinal symptoms also such as fever, diarrhea, vomiting, and dehydration. However several articles demonstrated that neonatal EM developed following hepatitis B vaccination (e.g. doi: 10.5021/ad.2011.23.3.382 and 10.1016/j.pedneo.2015.03.012). The authors mentioned that the patient was vaccinated with the first dose of hepatitis B on the day of birth. Considering these facts, I`m not convinced that there is a causation between the

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rotavirus presence without classical gastrointestinal symptoms and EM, or it is just a correlation. 8 Illustrations and tables. Overall yes, Table 1. is clear and informative. I would recommend adding the clinically normal range to Table 1. The demonstration of neonatal EM on Figure 1. Is clear and representative. 9 Biostatistics. There was no biostatistics in the article. 10 Units. Yes. 11 References. References are appropriate. 12 Quality of manuscript organization and presentation. The manuscript is overall clear, well-organized, and grammatically correct. 13 Research methods and reporting The manuscript was prepared according to the standards for case reports. 14 Ethics statements. The uploaded documents contain the consent for treatment form.