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## PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 68714

Title: Potential importance of early treatment of SARS-CoV-2 infection in intestinal

transplant patient: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00502935 Position: Peer Reviewer Academic degree: MD, PhD

**Professional title:** Attending Doctor, Doctor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: Belgium

Manuscript submission date: 2021-06-01

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-07-22 05:36

Reviewer performed review: 2021-07-30 08:52

**Review time:** 8 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] 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



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Peer-reviewer

Peer-Review: [ ] Anonymous [Y] Onymous

statements Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

The manuscript of Clarysse et al reports on the clinical course of an intestinal graft recipient infected with SARS-CoV-2. This is a welcome addition to the very limited literature. However, this reviewer believes this manuscript needs several adjustments, including the title. As the literature on COVID-19 and ITx is so limited (a couple of publications) while the information of COVID-19 and transplantation has become VERY vast, it is quite inadequate to promise a literature review. The reviewer agrees that the clinical presentation of this case resembled intestinal acute rejection, but the paper actually describes a case and not "elucidates the risk of provoked rejection in ITx This case was a mild case which is likely it would have improved even without Remdesivir. The large Swedish experience in which hundreds of transplanted patients recovered without any antiviral intervention supports this. On the other side it is interesting to read Remdesivir was well tolerated by this ITx recipient. Detailed data on Remdesivir and transplanted patients is limited to the papers of Elec and Buxeda and this paper is a nice addition to the topic: this reviewer believes this is a that could be brought forward more prominently as any speculations about rejection and all sorts of antibodies, as the paper does not actually explore these in depth.