

Dear editor:

Thank you very much for your letter and the comments from the reviewers about our paper submitted to *World Journal of Clinical Cases* (Manuscript ID: 55715 entitled "Serial computed tomographic findings and specific clinical features of pediatric COVID-19 pneumonia: A case report"). We have addressed the comments raised by the reviewers and the amendments are highlighted in red in the revised manuscript. We hope that the revisions in the manuscript and our responses will be sufficient to make our manuscript suitable for publication in *World Journal of Clinical Cases*.

We shall look forward to hearing from you at your earliest convenience.

**Reviewer #1**

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (High priority)

**Specific Comments to Authors:** Good paper, the information about covid pediatric case is really important right now. So it is very helpful for clinician. Only one suggestion, please add arrow in the figure to describe the abnormal region clearly.

**Response:** Thank you for your careful reading of our manuscript and your insightful suggestions. According to your comment, we have added arrows in the revised-Figure 1 to describe the abnormal region clearly.

**Reviewer #2:**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** An interesting case of COVID-19 in a child on this current period.

**Response:** Thank you for your careful reading of our manuscript. We have

carefully checked our manuscript and made corresponding language polishing, and these amendments are highlighted in red in the revised manuscript.

**Reviewer #3:**

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The presented case report of a 7 year old girl provides important information in the aspect of COVID-19. However, I recommend authors should clarify how the clinical symptoms can be different from those in adults? Or at least revise the conclusion. Furthermore, it is not clear if live viruses were isolated from faecal and urine samples or just detected. I suggest to elaborate. The manuscript can further benefit from grammatical revisions. For example, indistinct (line 122) appears incorrect.

**Response:** Thank you for your careful reading of our manuscript. According to your comment, for the clinical symptoms of pediatric patients with COVID-19 may be different from those in adult patients, we have added and amended the relevant contents in the revised manuscript (line 177-193, line 198-200). Specifically as follows: Our young female patient showed irregular fever at first, followed by swelling and pain in the throat, without any symptoms such as stomachache, emesis or headache. According to a previous report<sup>[1]</sup>, common symptoms for COVID-19 in adults at presentation are fever (98%), cough (76%) and dyspnea (55%), and gastrointestinal symptoms such as diarrhea (3%) or vomiting are infrequent. The proportion of COVID-19 patients with diarrhea is significantly lower than that in patients with Middle East respiratory syndrome<sup>[2]</sup>. However, in our case, the pediatric patient showed gastrointestinal signs and symptoms, and the live coronavirus was found in her feces, indicating that she may also have had mild kidney injury. In addition, she had diarrhea on day 5 after discharge, but no virus or viral

RNA was detected in her feces, suggesting that the digestive tract may be more susceptible in pediatric patient than adults. The fever disappeared in the patient after 3 d of antiviral and symptomatic treatment, indicating that compared with adult patients with COVID-19, children may exhibit rapid recovery after antiviral therapy. These results suggest that the clinical symptoms of pediatric patients with COVID-19 may be different from those in adult patients.

Furthermore, we were sorry for these mistakes. In fact, live viruses were detected from the fecal samples. And the amendments have been made in the revised manuscript (line 188).

Finally, according to your suggestion, we have carefully checked our manuscript and made corresponding grammatical revisions, and these amendments are highlighted in red in the revised manuscript. For example, we have changed “indistinct” to “unclear” in the revised manuscript (line 119).

#### Reference

- [1] **Huang C**, Wang Y, Li X, Ren L, Zhao J, Hu Y, Zhang L, Fan G, Xu J, Gu X, Cheng Z, Yu T, Xia J, Wei Y, Wu W, Xie X, Yin W, Li H, Liu M, Xiao Y, Gao H, Guo L, Xie J, Wang G, Jiang R, Gao Z, Jin Q, Wang J, Cao B. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020; **395**: 497-506 [PMID: 31986264 DOI: 10.1016/S0140-6736(20)30183-5]
- [2] **Garbati MA**, Fagbo SF, Fang VJ, Skakni L, Joseph M, Wani TA, Cowling BJ, Peiris M, Hakawi A. A Comparative Study of Clinical Presentation and Risk Factors for Adverse Outcome in Patients Hospitalised with Acute Respiratory Disease Due to MERS Coronavirus or Other Causes. *Plos One* 2016; **11**: e0165978 [PMID: 27812197 DOI: 10.1371/journal.pone.0165978]

#### Editorial Office's comments

##### (1) Science Editor:

1 Scientific quality: The manuscript describes a case report of pediatric COVID-19 pneumonia. The topic is within the scope of the WJCC. (1) Classification: A, C and D; (2) Summary of the Peer-Review Report: This is an interesting case of COVID-19 in a child on this current period and describes

important results. Reviewer 05378719 recommended authors should clarify how the clinical symptoms can be different from those in adults? Or at least revise the conclusion. Furthermore, authors should elaborate if live viruses were isolated from faecal and urine samples or just detected. Reviewer 03285337 suggested authors add arrow in the figure to describe the abnormal region clearly; (3) Format: 1 figure and 1 table. 10 references are cited, including 9 references published in the last 3 years. No self-citations.

**Response:** Thank you very much for your letter and the comments from the reviewers about our paper submitted to *World Journal of Clinical Cases* (Manuscript ID: 55715 entitled “Serial computed tomographic findings and specific clinical features of pediatric COVID-19 pneumonia: A case report”). We have addressed the comments raised by the reviewers and the amendments are highlighted in red in the revised manuscript. We hope that the revisions in the revised-manuscript and our responses will be sufficient to make our manuscript suitable for publication in *World Journal of Clinical Cases*.

2 Language evaluation: Classification: A, B and B. A language editing certificate issued by MedE was provided. Reviewer thought the manuscript can further benefit from grammatical revisions.

**Response:** Thank you for your careful reading of our manuscript. According to reviewers’ suggestion, we have carefully checked our manuscript and made corresponding grammatical revisions, and these amendments are highlighted in red in the revised manuscript.

3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the Informed Consent Statement, and CARE Checklist. The results of Bing search are eligible, but the CrossCheck detection showed a high similarity to published articles (single 10%). The authors need to rephrase the repeated sentences.

**Response:** Thank you for your insightful suggestions. According to the CrossCheck detection, we have rephrased the repeated sentences, and the amendments are highlighted in red in the revised manuscript.

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by two national financial supporting agencies. The corresponding author has not previously published articles in the WJCC.

**Response:** We were sorry for these mistakes. In fact, the medical expenses for hospitalization of patients with COVID-19 pneumonia in China are supported by the state and governments at all levels, so in the study we thank the relevant institutions and organizations, however, this study has not received any financial supporting agencies. So, we detected the relevant support from the revised-manuscript.

5 Issues raised: Please upload the approved grant application form(s) or funding agency copy of any approval document(s); Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. 6 Recommendation: Conditionally accepted.

**Response:** We were sorry for these mistakes. In fact, the medical expenses for hospitalization of patients with COVID-19 pneumonia in China are supported by the state and governments at all levels, so in the study we thank the relevant institutions and organizations, however, this study has not received any financial supporting agencies. So, we detected the relevant support from the revised-manuscript. In addition, we have prepared the original figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor, provided the PubMed numbers and DOI citation numbers to the reference list and listed all authors of the references. Thank

you for your insightful suggestion again.

**(2) Editorial Office Director:**

1 Scientific quality: I have checked the comments made by the science editor, and I basically agree with the science editor. The topic of the paper is within the scope of the WJCC. (1) Classification: Grade B, and Grade C; (2) Summary of the Peer-Review Report: Reviewer 05378719 recommended authors to clarify how the clinical symptoms can be different from those in adults. Reviewer 00051373 thought this case is interesting. Reviewer 03285337 thought that this case report is very helpful for clinician, and suggested the authors to adding arrow in the figure to describe the abnormal region clearly; and (3) Format: I have checked the manuscript, and I agree with the science editor.

**Response:** Thank you very much for your letter and the comments from the reviewers about our paper submitted to *World Journal of Clinical Cases* (Manuscript ID: 55715 entitled “Serial computed tomographic findings and specific clinical features of pediatric COVID-19 pneumonia: A case report”). We have addressed the comments raised by the reviewers and the amendments are highlighted in red in the revised manuscript. We hope that the revisions in the revised-manuscript and our responses will be sufficient to make our manuscript suitable for publication in *World Journal of Clinical Cases*.

2 Language evaluation: I agree with the comments made by the science editor. A language editing certificate issued by MedE was provided.

**Response:** Thank you for your careful reading of our manuscript.

3 Academic norms and rules: I have checked the documents, including the Conflict-of-Interest Disclosure Form, Copyright License Agreement, and the Informed Consent Statement, all of which are qualified. No academic misconduct was found in the CrossCheck detection and Bing search. The

authors need to rephrase the repeated sentences according to the CrossCheck report.

**Response:** Thank you for your insightful suggestions. According to the CrossCheck detection, we have rephrased the repeated sentences, and the amendments are highlighted in red in the revised manuscript.

4 Supplementary comments: This is an unsolicited manuscript. Supported by the National Key Research and Development Program of China and the National Major Project for Control and Prevention of Infectious Disease in China.

**Response:** We were sorry for these mistakes. In fact, the medical expenses for hospitalization of patients with COVID-19 pneumonia in China are supported by the state and governments at all levels, so in the study we thank the relevant institutions and organizations, however, this study has not received any financial supporting agencies. So, we detected the relevant support from the revised-manuscript. Thank you for your insightful suggestion again.

5 Issues raised: (1) I found the PMID and DOI numbers are missing in the reference list. Please provide the PubMed and DOI numbers to the reference list and list all authors of the references. Please revise throughout; (2) I found that the figures can't be edited. Please provide the original figure documents. All submitted figures, including the text contained within the figures, must be editable. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) I found that approved grant application form is not submitted. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

**Response:** We were sorry for these mistakes. (1) According to your suggestion, we have provided the PMID and DOI numbers to the reference list and listed all authors of the references. (2) According to your suggestion, we have

prepared the original figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. (3) In fact, the medical expenses for hospitalization of patients with COVID-19 pneumonia in China are supported by the state and governments at all levels, so in the study we thank the relevant institutions and organizations, however, this study has not received any financial supporting agencies. So, we detected the relevant support from the revised-manuscript. Thank you for your insightful suggestion again.

6 Recommendation: Conditionally accepted.

**Response:** Thank you for your careful reading of our manuscript and your insightful suggestion again.

**(3) Company Editor-in-Chief:**

I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Response:** Thank you very much for your letter and the comments from the reviewers about our paper submitted to *World Journal of Clinical Cases* (Manuscript ID: 55715 entitled "Serial computed tomographic findings and specific clinical features of pediatric COVID-19 pneumonia: A case report"). We have addressed the comments raised by the reviewers and the amendments are highlighted in red in the revised manuscript. We hope that the revisions in the revised-manuscript and our responses will be sufficient to make our manuscript suitable for publication in *World Journal of Clinical Cases*.