

Response to reviewers

First of all, I express my deep thanks to the reviewers who they well assessed the manuscript. The notes which were raised during the reviewing process enrich the article concerning the scientific and language issues. I took all the raising comments into consideration in the revised manuscript. I highlighted the required changes in a yellow color. I hope the changes made in the revised form are satisfactory for the reviewers and the study will be accepted for publication in the esteemed journal "World Journal of Virology".

Best regards

Professor Dr. Raid M. Al-Ani

Reviewer # 1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

In this narrative review, the author discussed the clinical spectrum of ROCM disease including the treatment, outcome and various prognostic factors. This is a well written and relevant review in the era of rising fungal diseases. However, there are few points which needs to be addressed. I have few important suggestions which author should consider during revision: 1. The geographical variation of mucormycosis needs to be discussed more. Is it directly related to a greater number of COVID-19 cases in India or some other reason for that? This needs to be discussed. 2. In 'core tip' section ...sentence "Early diagnosis with prompt treatment carry a satisfactory outcome" it's a contradictory statement. The mortality in ROCM is still high despite early diagnosis. The author already mentioned a very high mortality (50%) even it treated early. 3. All species names need to be italicized. 4. "Lastly, endothelialitis as a sequel of COVID-19 might increase the risk of mucormycosis". it should be 'endothelitis' 5. Among the warning signs in table-1, not sure about 'fever'?? Any rationale for this? 6. "In general, the treatment consists of three steps; reversal of the immunosuppressive condition, intravenous or local antifungals therapy, and appropriate surgical debridement" I would like to keep surgical debridement and antifungals before the reversal of immunosuppressive condition, which sometime may not possible. 7. In 'treatment' section...Posaconazole can't be considered a drug of choice in monotherapy. It is only recommended as a salvage therapy or as an experimental combination therapy. 8. Regarding the Posaconazole prophylaxis, I could not find any evidence from the literature (reference – 28 ??) 9. 'Prognosis' section could be better with more elaboration of different prognostic factors. 10. Any newer advance in ROCM treatment? Role of combination antifungals?

1. The geographical variation of mucormycosis needs to be discussed more. Is it directly related to a greater number of COVID-19 cases in India or some other reason for that? This needs to be discussed.

Really the difference is due to geographical variation rather than an increment in the COVID-19 cases. I discussed this issue in more detail.

2. In 'core tip' section ...sentence "Early diagnosis with prompt treatment carry a satisfactory outcome" it's a contradictory statement. The mortality in ROCM is still high despite early diagnosis. The author already mentioned a very high mortality (50%) even it treated early.

Thank you for this comment, I resolved the contradictory.

3. All species names need to be italicized.

I wrote all the species names in italic.

4. "Lastly, endothelialitis as a sequel of COVID-19 might increase the risk of mucormycosis". it should be 'endothelitis'

I corrected.

5. Among the warning signs in table-1, not sure about 'fever'?? Any rationale for this?

I depended on the reference number 27, which said that the fever is one of the warning signs of mucormycosis "Honavar SG. Code mucor: guidelines for the diagnosis, staging and management of rhino-orbito-cerebral mucormycosis in the setting of COVID-19. Indian J Ophthalmol. 2021;69(6):1361. [PMID: 34011699 DOI: 10.4103/ijo.IJO_1165_21]". I think "fever" could be a warning sign during or following the course of COVID-19, if the cause of the fever is not obvious or not detected. In such cases a nasal examination is important to detect if there is a possibility of an early stage of mucormycosis or not.

6. "In general, the treatment consists of three steps; reversal of the immunosuppressive condition, intravenous or local antifungals therapy, and appropriate surgical debridement" I would like to keep surgical debridement and antifungals before the reversal of immunosuppressive condition, which sometime may not possible.

I agree with you, therefore I changed the sequence of the treatment steps.

7. In 'treatment' section...Posaconazole can't be considered a drug of choice in monotherapy. It is only recommended as a salvage therapy or as an experimental combination therapy.

I corrected it.

8. Regarding the Posaconazole prophylaxis, I could not find any evidence from the literature (reference – 28 ??)

I am sorry for this mistake. It is the reference number 27 and I corrected it.

9. 'Prognosis' section could be better with more elaboration of different prognostic factors.

I hope my made changes are satisfactory for you. Besides, I added new 5 references.

10. Any newer advance in ROCM treatment? Role of combination antifungals?

I took your suggestions into my consideration.

Reviewer # 2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Firstly, thank you for opportunity to review very interested article. I don't feel qualified to judge about the English language and style due to not native language.

I made minor polishing of the English language.

1. The title reflect the main subject about mucormycosis as complication of COVID-19, title was clear and easy to understand. 2. The abstract summarize and reflect the work described in the manuscript. 3. The key words reflect the focus of the manuscript. 4. The manuscript adequately describe the background, present status, and significance of the study. 5. The manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly, and logically. 6. Tables sufficient, good quality and appropriately illustrative of the paper contents. 7. The manuscript cite appropriately the latest, important, and authoritative references in the introduction and discussion sections.

Thank you very much for you support.

However, some of references were incorrect style for this journal.

I made the required changes as per journal style.

Editor Comments:

1 Scientific quality: This Minireview mainly discussed the clinical spectrum of Rhino-orbital-cerebral mucormycosis (ROCM) disease including the treatment, outcome and various prognostic factors. The topic is within the scope of the World J Virol.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: This Minireview was conducted by two reviewers, whose recommendations are “Major revision”, and “Minor revision”. Detailed comments of the reviewers are mentioned above;

(3) References: A total of 28 references are cited, and 26 references published in the last 3 years.

2 Language Quality: Grade B (Minor language polishing).

I noticed all these.

3 Issues raised:

(1) The questions raised by the reviewers should be answered by point-by-point;

I made this part exactly as it appears in the above.

(2) Please refer to recent papers published in World J Virol and correct the format, such as the format of the references need to be adjusted;

I made the required changes as per journal style. But, really it is a difficult task.

4 Recommendation: Major revision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

I did my best to submit you the revised manuscript in an excellent form. I hope

Language Quality upgrade to A and Scientific Quality to A or B.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Virology, and the manuscript is conditionally accepted.

Thank you very much.

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.

I received it.

Please be sure to use Reference Citation Analysis (RCA) when revising the manuscript. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. For details on the RCA, please visit the following web site: <https://www.referencecitationanalysis.com/>.

I visited the RCA website and I used it.

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

I removed table 1 and incorporated in the text.