



SDI Review Form 1.6

Journal Name:	<u>International Journal of TROPICAL DISEASE & Health</u>
Manuscript Number:	Ms_IJTDH_31968
Title of the Manuscript:	Respiratory Syncytial Virus-Associated Rhabdomyolysis and Sensorineural Hearing Loss in a Healthy Adult: A Case Report
Type of the Article	Case report

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	The paper describes interesting case of RSV type B infection with extra-pulmonary complications in previously healthy patient. However, the main weakness of the paper is finding of concomitant infection with <i>Streptococcus pneumoniae</i> . Searching the literature, it is obvious that <i>S. pneumoniae</i> infection can also be connected to the rhabdomyolysis and sensorineural hearing loss. Authors should discuss why they decided to attribute the rhabdomyolysis and SNHL to the RSV but not to the <i>S. pneumoniae</i> infection. Even more there is a paper discussing the possible role of two <i>S. pneumoniae</i> proteins, pneumococcal surface protein A (PspA) and pneumolysin (Ply) in SNHL pathogenesis. Also it would be valuable to provide the readers with information of blood culture results (if they were taken).	We diagnosed RSV infection from the clinical presentation of preceding viral prodromal symptoms and the supportive CBC results. Moreover, the clinical symptoms improved without antibiotics use also supported our diagnosis. We added more discussion about this weakness in the full manuscript. Thank you for your suggestion.
<u>Minor</u> REVISION comments	Line 65... when first abbreviation SNHL is used, it should be explained.	We added an explanation of the SNHL at the first mention as you suggested.
<u>Optional/General</u> comments	It is a well written case report that should be improved with additional proofs for RSV instead of <i>S. pneumoniae</i> infection pathogenesis of rhabdomyolysis and SNHL.	We discussed about how we made a diagnosis of RSV infection rather than <i>S. pneumoniae</i> infection in our revised manuscript. Thank you for your comments.