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PEER-REVIEW REPORT

Name of journal: *World Journal of Virology*

Manuscript NO: 99904

Title: Convergence of COVID-19 and recurrent stroke: In-hospital mortality risks explored

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07911278
Position: Peer Reviewer
Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: India

Manuscript submission date: 2024-08-02

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2024-09-26 01:58

Reviewer performed review: 2024-10-02 23:48

Review time: 6 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] 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	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The editorial comments on the article by Dr Desal et al, highlight the main finding of heightened in-hospital mortality in patients with COVID-19 infection and recurrent stroke. These comments point to the important finding of the article. The factors that affect the heightened in-hospital mortality of patients with COVID-19 infection and recurrent ischemic stroke were 1. COVID-19 infection induces a hypercoagulable state and increases the risk of thrombotic events resulting in recurrent stroke. 2. COVID-19 triggers a robust inflammatory response, often referred to as a cytokine storm, which may heighten endothelial dysfunction and exacerbate pre-existing cerebrovascular conditions. 3. SARS-CoV-2 enters the CNS and results in subsequent damage. 4. The other causes related to the high mortality in patients with COVID-19 infection were male, middle-age population and ethnic minorities. 5. Delay treatment. COVID-19 infection may delay the diagnosis of stroke especially recurrent stroke. Time is brain, early diagnosis and treatment for stroke is important to the outcome of stroke patients. Delay diagnosis and treatment may increase risk of in-hospital mortality. The comments point out the clinical implications for managing recurrent stroke patients during and beyond

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the COVID-19 pandemic. The strategy includes 1. Enhance risk stratification. Higher mortality risk in stroke patients with COVID-19, especially in middle-aged individuals, males, and ethnic minorities, prioritize rigorous monitoring and management of these high-risk groups is necessary. 2. Target intervention. Besides treating stroke, it also addresses the COVID-19-specific complications, such as hypercoaguability and systemic inflammation. 3. Multidisciplinary approach. Team-based approach include a neurologist and infectious disease specialist, which can ensure comprehensive care. 4. Improve preventive measures. Vaccination against COVID-19 and adherence to stroke prevention protocol is important. 5. Access to healthcare. Addressing the disparities in health access is important. The healthcare system should effort to ensure equitable access to health care. The comments are written and point out the main finding of the article. I have no other comments. Accept.