

Peer Review File

Reviewer A:

Comment 1. If feasible, the authors should add a paragraph putting the topic in the context of the situations in their countries. This would provide a very interesting perspective

Reply 1: Thank you Dear reviewer for your relevant comment, it is true that it will be very interesting if we had put some data of our context, but these data are not yet published. We have addressed this topic within the general perspectives of COVID-19 pandemic and not specifically our country, due to lack of data (lack of published, unpublished, and preprint articles) in this regards as aforementioned.

Reviewer B:

The authors give a succinct overview, adding to the growing body of knowledge regarding the cardiovascular disease burden in relation to COVID-19 by drawing lessons from other coronaviruses—notably including SARS and MERS. I have some comments to improve the manuscript that the authors can consider:

Major comment:

Comment 1: While a brief interesting insight is given into the cardiovascular sequelae from previous outbreaks, a large part of the manuscript describes common epidemiological facts of the SARS, MERS, and COVID-19 outbreaks, as opposed to devoting more discussion to the actual cardiovascular disease burden. The manuscript would greatly improve if further discussion went into this--as this is the premise of the manuscript.

Reply 1: Thank you for this crucial remark, since we have already discuss cardiovascular aspect in COVID-19 on the first paragraph, we have elaborated more on the discussion of the cardiovascular burden in SARS and MERS infections (see paragraph 2 sentence 7, page 2 and 3).

Minor comments:

Comment 1: Page 3, line 1: "either" instead of "eitheir"

Reply 1: Thanks, we have corrected this accordinly

Comment 2: Page 3, last line: "predict" instead of "predicts"

Reply 2: Thanks, we have corrected this accordinly

Comment 3: Page 4, line 1: "requires" instead of "necessite"

Reply 3: Thanks, we have corrected this accordinly

Comment 4: Page 5, line 5: "Although there is a paucity..." instead of "Albeit the paucity"

Reply 4: Thanks, we have corrected this accordinly

Reviewer C:

I read this article carefully, it was well written and I have some minor revisions, which I think will help to improve the manuscript, which for me raises a real epidemiologic and clinical issue, that of post-COVID 19 cardiovascular complications.

Comment 1: The authors refer to cardiovascular disease during coronavirus infection 2019 ("Several cardiovascular diseases have been described in COVID-19 patients namely: myocarditis, myocardial infarction, heart failure, arrhythmia, venous and arterial thrombosis"). However, some of these, such as arrhythmias, may only be transient, so, the most appropriate term for them would therefore be cardiovascular manifestations or cardiovascular complications

Reply 1: Thank you very much we have changed the term « cardiovascular disease » by « cardiovascular complications »

Comment 2: There are some grammatical errors that need to be corrected ("On the other hand, the indirect mechanism")

Reply 2: Thank you, the paper has been revised by a native English speaking in order to correct these errors

Comment 3: It is also better to talk about iatrogeny rather than "drug effect" and possibly give an example.

Reply 3: Thank you, we have modified this in some sentences to read as follows: «..... iatrogenic effects caused by the use of QT prolongation drugs (chloroquine or hydroxychloroquine and/or azithromycin) »

Comment 4: It would be important to note the effect related to the angiotensin converting enzyme

Reply 4: Thank you very much, we have added the effect of angiotensin converting enzyme in page 2 line 5-9

Comment 5: Some abbreviations do not have their meaning like "ICU".

Reply 5: Thank you we have added the full meaning of ICU in the manuscript

Comment 6: The authors say that there is no cure, however there are drugs (Remdesivir) that have shown therapeutic potential, in my opinion it would be better to rephrase this sentence.

Reply 6: Thank you Dear Reviewer. We agree with you. Remdesivir as well as Lopinavir, Hydroxychloroquine and Azithromycin are under clinical trials, we have rephrased the sentence.

Comment 7: Concerning the follow-up study on 25 patients after SARS-COV, it would be good to emphasize the characteristics of the patients followed, the sample size being small, insisting on the fact that they had a low cardiovascular risk before the infection.

Reply 7: Thank you we have better precise the baseline characteristics of this population

Comment 8: The "cor pulmonale" phrase being in another language, it should be in italics, refers to the journal requirements.

Reply 8: Thank you we have modified it

Common 9: It is also important to distinguish that on one hand severe forms are more common in patients with already high cardiovascular risk, so it is important to have well-documented registers to have the state before and after the COVID 19 infection, as cardiovascular diseases may well be present before corona virus infection.

Reply 9: Thank for this comment. We agree with you. We have added this sentence in the last sentence of the manuscript.

Reviewer D:

Comment 1: This is an interesting hypothesis that needs more data to support it. There is a short review of previous pandemic infectious agents and their long term sequelae (although more data around the precise cardiovascular complications and their time course is needed). I didn't see any data about the current COVID-19 and longer term CV complications. If you want to compare the two, providing these data would be better.

Reply 1: Thank you very much for this important comment, since there is actually no data concerning long term CV complications in COVID-19 patients, we have proposed this letter by considering the high cardiovascular burden that have been actually reported during this outbreak and the likelihood of long term CV complications in COVID-19 survivors by appraising the reports on long term CV complications stemming from past coronavirus epidemics.