

# Review of: "Retinal Vasculitis Following COVID-19 Infection: A Systematic Review"

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**Potential competing interests:** No potential competing interests to declare.

The author deserves praise for choosing an important topic: reviewing cases and case series of ocular vasculitis occurring post-COVID infection.

I would like to point out the following:

What was the basis for concluding that 10 papers describing 24 eyes were 'enough' for the purpose? What is the total number of such cases reported in the literature? Why were original studies excluded from consideration? Including these studies could have provided more weight to the review.

The statement that COVID produces a hyperinflammatory state, as stated in the introduction, needs to be properly referenced.

To calculate the COVID-vasculitis interval, it is unclear whether the onset or offset of COVID symptoms or RT-PCR positivity was used as the starting point.

In the table, the 9<sup>th</sup> study by Sheth does not have vasculitis as a finding in any eye. Hence, its inclusion in this table and review, which focuses on vasculitis, seems incongruous. Kindly justify the inclusion of this study or remove it from consideration.

A pro-inflammatory state has been correctly identified as the probable cause of vasculitis in the conditions described. Hence, it would be more pertinent to include the levels of inflammatory markers as seen in various reports in order to give an idea of the red flags to look out for by the readers.

The various possible causes of inflammation, as discussed in the first paragraph of the discussion, need to be elaborated in the context of the vasculitic state seen in the post-COVID status.

Since the objective is to conduct a review on vasculitis, the studies pertaining to vascular occlusions but having no inflammatory signs, like that of Yeo and coworkers, can be better included in some other review.