

Review of: "Role of Nicotine in RAS and Fibrosis Linked to Severe COVID-19 Manifestations"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

Dear Colleagues:

Thank you for this interesting work concerning the role of nicotine in RAS and Fibrosis Linked to severe COVID-19 manifestations.

Task:

This is an original and unknown thematic that opens research perspectives to advance in the physiopathological knowledge of the complex RAS system. The link with the impact of nicotine is not well known and therefore, this work enriches the knowledge in this field and invites to reflection in the course of COVID infection.

Here my comments:

- There are some missing main references of the pathophysiology of RAS and COVID. The majority, if not all, are Asian, and this does not reflect the international advances in the field. [1][2][3]
- It would be desirable to recall that many of the data discussed in this document are from experimental animal models, but this should be indicated, as well as the very rare cases done on humans.
- The role of ACE I, who is measured in current practice, especially in the context of pulmonary pathologies, should also have been included please?
- To interest most of the medical community, a small chapter (a few sentences) is missing to understand the prospects of routine use of ACE 2, which is currently only a research topic.^[4]
- Nowhere is noted the impact of the duration of exposure to nicotine and its harmful effects on the pulmonary and cardiovascular plan

Final score depending on the reviewing between 3 and 4

References

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- 3. ^Simon B. Gressens, Georges Leftheriotis, Jean-Claude Dussaule, Martin Flamant, et al. (2021). Controversial Roles of the Renin Angiotensin System and Its Modulators During the COVID-19 Pandemic. Front. Physiol., vol. 12. doi:10.3389/fphys.2021.624052.
- 4. ^Fei Peng, Si Lei, Quan Zhang, Yanjun Zhong, et al. (2021). Smoking Is Correlated With the Prognosis of Coronavirus

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