Review of: "Long COVID Syndrome: A Systematic Review of Persistent Symptoms Post-Pandemic"

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Potential competing interests: No potential competing interests to declare.

Message to the author:

This article should be commended for its rigorous methodology, comprehensive analysis, and valuable insights into Long COVID. Its findings can serve as a vital resource for healthcare professionals, policymakers, and researchers working to address the challenges posed by Long COVID and improve patient care and outcomes. It is important to keep the world updated on the continuous learnings from the post-pandemic era.

Some minor corrections/comments to the author:

1. In the same paragraph, it mentions that "Musculoskeletal pain affects mid 13.5% and 47.0%." This sentence seems incomplete and may require additional information for clarity.
2. The sentence "Due to no specificity of them, it is not clear the causal relationships" is grammatically incorrect and unclear. It should be rephrased for clarity.
3. In the method section, "observational studies with a time post-COVID of less than 6 months (n=43)" was explained as excluded; however, the table includes studies that were less than 6 months in a couple of them, e.g., Abdel-Gawad et al., Sanchez-Ramirez et al. Better explanation of the excluded studies should be given.
4. In Table 2, the prevalent symptom is missing for the Du et al. study; "Wild-type strain: Computed Tomography abnormalities (60.5%; 95% CI: 40.4%, 80.6%) in 11 studies" explain the abnormalities.
5. In the study with Nasserie et al., #4 symptom is during the acute phase of the disease and should not be a part of this symptom list as it conflicts with your title or purpose of this paper.
6. In general, use terminologies and references (e.g., COVID/Long COVID, ref (1), etc.) consistently throughout the article.
7. In Table 4, FEV1, FVC, DLCO, RV are diagnostic tests; can you mention the relevant symptoms associated with these diagnostic tests? This should be categorized under pulmonary function reduction and explained with the test outcomes to make it easy on the readers.

High-level overview:

1. Since the intended publication of this article in 2024, my suggestion is to reorganize the "Principal insights" section into the systemic prevalent symptoms, instead of by article reviews. For example, Pulmonary Function could list the related articles and prevalence. Your tables already provided the text you have explained below; it seems a bit redundant to

put them in words below.

2. The article mentions the use of databases such as PUBMED; however, there are other databases that also cover clinical topics like the Cochrane Library or UpToDate. It is likely that the papers you have referenced are already included, but it would be good to review or confirm that there aren't other valuable papers missed.

3. There is no mention of the COVID vaccine in this article. It would be beneficial to the reader to understand the status of the patients when the different articles were published and their relation to COVID vaccination status or the side effects of the COVID vaccination in combination with Long COVID. Might be a good addition to explain shortcomings, if any, of the articles/reports available.

4. Furthermore, the inclusion of studies from different countries will add to the article's strength and relevance, as they provide a broader perspective on Long COVID and its global impact. The identification and discussion of epidemiological data will also contribute to the article's value, as it assists in understanding the prevalence and demographic factors associated with Long COVID.