



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 37325

Title: High prevalence of hepatitis B-antibody loss and a case report of de novo hepatitis B virus infection in a child after living-donor liver transplantation

Reviewer’s code: 00504096

Reviewer’s country: Iran

Science editor: Ze-Mao Gong

Date sent for review: 2017-12-06

Date reviewed: 2017-12-13

Review time: 7 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Manuscript ID:37325, entitled, “High prevalence of hepatitis B-antibody loss and a case report of de novo hepatitis B virus infection in a child after living-donor liver transplantation” attempts to indicate the loss of hepatitis B immunity after liver transplantation in children, especially in cases that the liver is from an antiHBc-negative donor. To this end, the article reports an observational study on a 5-year-old boy with biliary cirrhosis who received 4 doses of HBV vaccine with anti-HBs titer of >1000 IU/L and then underwent liver transplantation, wherein donor was his anti-HBc-negative. In addition, the manuscript reviews the potential factors of HBV immunity loss by evaluating the data of 50 children with a mean age of 6.67 and 54% female sex who received primary hepatitis B immunization and had complete data of anti-HBs before and after liver transplantation between May 2001 and June 2017. Finally,



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it is concluded that loss of hepatitis B immunity, despite high anti-HBs level prior to transplantation is unexpectedly common after liver transplantation. Authors also have concluded that serum anti-HBs, albumin, total bilirubin, and direct bilirubin before liver transplantation were the potential factors of HBV immunity loss after liver transplantation. Accordingly, it is recommended that a booster dose of hepatitis B vaccine and raising serum albumin to the normal level could delay the rapid HBV immunity loss after liver transplantation but might not prevent de novo hepatitis B. Consequently, strategies to maintain anti-HBs antibody above the protective level after liver transplantation are needed. Comments: Taken together, the subject is of interest for audience of WHG journal and the manuscript is well-written and well organized and results are conclusive. The manuscript might further improved by some discussions and comparing with cases when HBcAb positive donor grafts are used (Angelico M et al, Hepatitis B-core antibody positive donors in liver transplantation and their impact on graft survival: evidence from the Liver Match cohort study. *J Hepatol.* 2013 Apr;58(4):715-23) and strategies to reestablish active immunity against HBV after liver transplantation (Lu SC et al, Reestablishment of active immunity against HBV graft reinfection after liver transplantation for HBV-related end stage liver disease. *J Immunol Res.* 2014;2014:764234).



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Name of journal: World Journal of Gastroenterology

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Title: High prevalence of hepatitis B-antibody loss and a case report of de novo hepatitis B virus infection in a child after living-donor liver transplantation

Reviewer's code: 02855928

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-12-06

Date reviewed: 2017-12-14

Review time: 7 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript is well written. De novo activation of HBV with escape mutations from hepatitis B surface antibody after living donor liver transplantation had been documented. Circulating antibody to hepatitis B core antigen does not always reflect the latent hepatitis B virus infection in the liver tissue, and to date, latent hepatitis B virus infection in healthy individuals with antibodies to hepatitis B core antigen was discussed. HB core transmission of hepatitis B virus from hepatitis B core antibody-positive donors had been first reported in 1998 [Uemoto S, et al. 1998 Transplantation;65(4):494-9]. If possible, this point will be added.