

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38081

**Title:** Ultrasound finding in autoimmune hepatitis

**Reviewer's code:** 00159305

**Reviewer's country:** Romania

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2018-02-02

**Date reviewed:** 2018-02-04

**Review time:** 2 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 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 checked="" 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

To the authors, General comments: 1. Your manuscript is a minireview on AIH (classification, pathogenesis, clinical manifestations, diagnosis, etc.) from page 4 to page 8 (5 pages) and even a mini-mini-review on ultrasound findings in AIH from page 9 to page 12 (4 pages). 2. I must confess that I enjoyed reading the first part on AIH, it is well written from classification to treatment. However, this part is not the objective of the review. It is too long and I suggest to make it shorter (please, cut off some paragraphs from clinical manifestations, and from non-invasive markers of liver fibrosis, simply because none of us will use AAR, AARPRI, APRI to detect early stages of liver fibrosis in AIH patients!). 3. Page 11, first paragraph, last two lines should be deleted (relation between TE and BMI is well known). 4. ARFI: I would not mention the study by Righi (2 patients with AIH!!) and also the last line may be deleted (well known!). 5. You should mention the limitation of your review. 6. Fig. 4 may be deleted because in none of the

methods (Fibroscan, ARFI, SWE) show the imaging feature of AIH. Minor comments.  
1. There are few spelling errors; please, make corrections. 2. Please, read carefully the  
Format for references and make corrections. I regret I cannot recommend your  
manuscript to be published until a revision dealing with all above comments is made.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38081

**Title:** Ultrasound finding in autoimmune hepatitis

**Reviewer's code:** 00032933

**Reviewer's country:** Taiwan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2018-02-02

**Date reviewed:** 2018-02-10

**Review time:** 7 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 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

The authors made a comprehensive review of conventional US and US elastography in patients with autoimmune hepatitis (AIH). This review pointed out some interesting findings of conventional US in AIH and revealed that the information on US elastography in monitoring AIH related fibrosis is still quite rare. Comments: 1. AIH is a relatively rare disease in Asia. The diagnosis mainly is relied on scoring system and liver biopsy. Ultrasound do not have an important role on diagnosis. 2. US based elastography may be useful in monitoring liver fibrosis in AIH. However, this review revealed that the data in the literatures were quite rare. We need more information to develop cutoff value especially in Asian. It will be more appreciated for the readers to include the author's data of US elastography and liver histology in this review. The authors may report their follow up data in the future.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38081

**Title:** Ultrasound finding in autoimmune hepatitis

**Reviewer's code:** 02860814

**Reviewer's country:** Greece

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2018-02-02

**Date reviewed:** 2018-02-16

**Review time:** 14 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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

• The paper should be focused only on imaging techniques and especially ultrasound based techniques for estimation of liver fibrosis in patients with autoimmune hepatitis. Thus, other sections in the manuscript like "Classification", "Pathogenesis", "Clinical manifestations", "Diagnosis", "Laboratory assessments", "Differential diagnosis", "Treatment should be minimised".

• Page 8, paragraph 2: the sentence "Imaging features of AIH are those of chronic liver disease, and it plays an important role in detection of complications and ruling out other possible causes of chronic liver disease" should be modified because imaging findings cannot distinguish different causes of chronic liver diseases apart from very few (e.g. veno- occlusive disease of the liver).

• Page 9, paragraph 1: it should be more clearly stated that MRC is indicated in all children with AIH irrespectively of the presence of cholestasis, while in adult population MRC should be performed only in the case of the presence of cholestasis.

• Page 10,

paragraph 3: change the abbreviation for fibrosis stage from “S” to “F”. • Page 11, paragraph 2: the sentence “ARFI can distinguish patients with autoimmune liver diseases from healthy subjects” should be modified in order to avoid wrong messages. ARFI can distinguish liver fibrosis not to diagnose autoimmune hepatitis. • In “Conclusion” the authors state that “In conclusion, AIH is characterized by wide fluctuations in inflammatory activity, Thus, stage of fibrosis can be overestimated by SWE [86] due to concomitant hepatic necroinflammatory activity”. SWE should be changed to transient elastography (TE). Also in Figure 4: SWE is different from transient elastography.