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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39052

Title: Acute kidney injury in acute-on-chronic liver failure is different from in decompensated cirrhosis

Reviewer's code: 00199582

Reviewer's country: Brazil

Science editor: Ze-Mao Gong

Date sent for review: 2018-03-28

Date reviewed: 2018-04-03

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The study is very interesting and concerns 2 very serious e current conditions: AKI and ACLF. Nevertheless, There are some issues to address: -The study regarded only HBV patients and used the APASL definition for ACLF. Because of both these factors, more

than half of patients with ACLF were not cirrhotics. Therefore, authors must address in Discussion the issue of the generalizability of their results. It is quite possible that results could be different in Western countries, where HBV is much less frequent and where ACLF is a condition associated mainly to cirrhosis. -Authors must comment in Discussion that if the CLIF-C definition for ACLF had been used instead of the APASL definition, results would probably be completely different, since most of the patients with AKI would be classified as having ACLF just because of having AKI (at least those with creatinine >2mg/dL or with creatinine >1.5mg/dL and another organ failure). The fact that, according to CLIF-C definition, most patients with DC-AKI would actually have ACLF might even explain why the group with DC-AKI had greater mortality than the group with ACLF-non-AKI in the present study. -Probably, the greatest matter about this study is that authors did not clearly define which patients received terlipressin, so that readers could understand if they fulfilled the diagnostic criteria for hepatorenal syndrome (authors only mentioned that they were volume non-responsive). If they did not, terlipressin simply would not be expected to work (and should not be used). As the authors have demonstrated, many ACLF patients had evidence of renal structural damage (which was actually expected in ACLF) and, therefore, would not be diagnosed with hepatorenal syndrome. I understand that the study does not allow the conclusion that ACLF patients are less responsive to terlipressin than DC patients (even if they really are), because we do not know if ACLF patients in this study really had hepatorenal syndrome. -Minor grammar review is needed (for example, lines 102, 180, 249, 379, 649). Authors should also be careful when they cite percentages in parenthesis: the order should coincide with the preceding text (for example, in lines 62 and 63, it would probably be better to state "(49.3% vs. 17.9%, p=0.013)" - the same happens other times in the text).

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39052

Title: Acute kidney injury in acute-on-chronic liver failure is different from in decompensated cirrhosis

Reviewer's code: 02461826

Reviewer's country: Austria

Science editor: Ze-Mao Gong

Date sent for review: 2018-03-28

Date reviewed: 2018-04-09

Review time: 11 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The present study by Jiang et al analysis differences in AKI of patients with ACLF versus AKI in decompensated cirrhosis in patients with hepatitis B by evaluating 4 different urinary markers of AKI, as well as response to terlipressin treatment. This approach,

although not completely new, is interesting and subsequently relevant, however there are some methodological concerns that should be addressed and would increase novelty of the data. Major concerns: - In this study, the APASL 2014 definition for ACLF, and ICA-criteria were used for the diagnosis of AKI. Please use AKIN criteria for the categorization of AKI as recommended by APASL ACLF consensus recommendations. - Please indicate how many patients suffered from hepatorenal syndrome (HRS-AKI), and report whether urinary markers and terlipressin - response were different from non HRS-AKI. - Please go into detail about the actual categorial differences of ACLF and decompensated cirrhosis (introduction). - Please include the CLIF-C ACLF score in your analysis and show us, whether there are differences in urinary marker profiles and terlipressin response if categorized according to CLIF-C-ACLF vs. APASL. - Please explain the patient collective in detail? Did you also include ICU-patients? Did some patients receive renal replacement therapy/vasopressors additionally to terlipressin, mechanical ventilation etc. How did this impact on outcome? Minor concerns: - The article, despite native speaker certificate needs major language polishing, especially concerning semantics: - Abstract: Methods/Results - wording unclear - Introduction: 1st paragraph: unclear (semantics/syntax) "Though ACLF and DC have been recognized to be separate clinical entities for many years [4, 5], while the differences in AKI associated with each of these two diseases are rarely studied, and whether AKI should be handled in the same way in both diseases is still uncertain." 2nd paragraph: "Terlipressin is a vasoconstrictor drug had widely used in patients with functional renal impairment due to hemodynamic dysfunction, but it is not recommended for patients with structural kidney injury [11, 12]." Methods: "Patients who accepted for liver transplant or lost to follow-up were considered as censored" Results: "There were 43 (60.6%) and 19 (67.9%) patients had treated with terlipressin in the ACLF-AKI and DC-AKI groups, respectively (P=0.499)." "At the end of three month follow-up (mean



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time 76.1 ± 38.3 days), 14 patients with ACLF accepted liver transplant (one with AKI) and 5 patients (2 with DC and 3 with ACLF) were lost to follow-up due to population mobility."

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
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- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39052

Title: Acute kidney injury in acute-on-chronic liver failure is different from in decompensated cirrhosis

Reviewer's code: 02540266

Reviewer's country: Iran

Science editor: Ze-Mao Gong

Date sent for review: 2018-03-28

Date reviewed: 2018-04-10

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor in Chief Thank you for referring this manuscript to me. This is very good study with interesting subject. However there are some concerns as below: the abstract does not clearly represent the study and in some parts is confusing. I think to better

represent the study work, the abstract should be re-written. There is some overlap between decompensated cirrhosis and acute on chronic liver failure and sometimes we are not able to definitely differentiate the two entities from each other. There is question about excluding patients with proteinuria from the study. as they may represent CKD. Has any comparison being made for the mean of BP between the two studied groups? Is there any data regarding the outcome of patients with AKI after liver transplant? What is the definition of response to treatment with terlipressin? Finally I am in favor of publishing this manuscript after revision.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39052

Title: Acute kidney injury in acute-on-chronic liver failure is different from in decompensated cirrhosis

Reviewer's code: 03477256

Reviewer's country: Germany

Science editor: Ze-Mao Gong

Date sent for review: 2018-03-28

Date reviewed: 2018-04-12

Review time: 15 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

accepted for publication in the Journal. The authors should address the following concerns: 1. The authors focused on HBV-induced cirrhotoses and kidney injury. However, in Western countries, HBV-cirrhosis with AKI is a rare condition. This should



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be discussed in more detail. 2. Was genotype of HBV of relevance? 3. How many patients were HDV positive? 4. Which of the patients received terlipressin? 5. How many patients were treated with albumin or octreotid? 6. Was dialysis necessary?

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