

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 51585

Title: Bacterial Infection triggers and complicates Acute-on-chronic Liver Failure in Patients with HBV-Decompensated Cirrhosis: a retrospective-cohort study

Reviewer's code: 02942549

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Fellow, Doctor, Lecturer

Reviewer's country: Greece

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-22 15:34

Reviewer performed review: 2019-11-30 15:37

Review time: 8 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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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Dear Authors It is an interesting and well written study. Though retrospective, the results and the conclusions are very important for clinical use. I have some comments to make 1) You have not mentioned any data about prior use of antibiotics (before the admission to the hospital). How many patients were in prophylactic treatment with norfloxacin or rifaximin because of a prior episode of SBP or because of symptoms of hepatic encephalopathy respectively? Prior administration of antibiotics had any effect on the survival of patients and how? 2) Please mention the causes of death in your groups of patients and the possible differences regarding the aetiology of death among your groups of patients 3) You compared patients with ACLD with and without bacterial infection, showing that the first group had a worse outcome. However we know that between patients with ACLD there are a lot of differences, as these patients do not constitute an homogeneous group. The stage and the severity of ACLD are very important. So in your study, we do not know if patients with ACLD with or without bacterial infection had the same stage and severity of ACLD. This makes the comparison between these 2 groups very difficult and the results questionable. Please express your opinion regarding this issue

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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[Y] No

PEER-REVIEW REPORT

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Manuscript NO: 51585

Title: Bacterial Infection triggers and complicates Acute-on-chronic Liver Failure in Patients with HBV-Decompensated Cirrhosis: a retrospective-cohort study

Reviewer's code: 02546652

Position: Peer Reviewer

Academic degree: MD

Professional title: Research Scientist

Reviewer's country: Italy

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-25 06:29

Reviewer performed review: 2019-12-02 06:34

Review time: 7 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 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The paper is interesting but needs some major revision. **METHODS:** how was vital status assessed after discharge? Please provide some details **METHODS**, multivariate analysis for inhospital mortality: why was a competing risk model adopted? Which are the competing risks? To my opinion, it would be better to adopted a simple Cox regression analysis without competing risks. **RESULTS**, Table 1: the text describes a Table 1 with data disaggregated for patients with/without BI. However, in the current form Table 1 reports data only for the whole study population. Please change Table 1 reporting separate columns for the overall study populations, and for subjects with / without BI **DISCUSSION**, preventive strategies: possibly some comment for the prevention of hospital acquired infections should added **DISCUSSION**, study limits: authors report the absence of data on the resistance profile as a study limit. However, authors should expand this point: the main limit is the lack of data on the microbial etiology (a proportion of the so-called BI based on a clinical judgement might be of viral or other etiology; please comment on this limit) Lastly, I'm not a native English speaker, but the manuscript needs to be copyedited for a number of language /typographical errors and unclear sentences, e.g.: Page 2, Abstract, Conclusion: what does "particularly in the ACLF patients co-existed with pneumonia" mean? Methods, page 6, endpoint 3: "survival in patients discharged alive" (REMOVE WHO) Methods, page 6, endpoint 4: "in patients WITHOUT ACLF" Discussion, page 10, second line from the bottom: "A total of 913 patients WERE discharged alive..."

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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[Y] No

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 51585

Title: Bacterial Infection triggers and complicates Acute-on-chronic Liver Failure in Patients with HBV-Decompensated Cirrhosis: a retrospective-cohort study

Reviewer's code: 03024603

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's country: Egypt

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-22 17:02

Reviewer performed review: 2019-12-02 09:53

Review time: 9 Days and 16 Hours

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:
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<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
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		<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

I revised the manuscript entitled “Bacterial infection triggers and complicates acute-on-chronic liver failure in patients with HBV-decompensated cirrhosis: a retrospective-cohort study” The study is interesting however I have the following comments: 1- The term bacterial infection is very broad. It is not clear if the type of bacteria was identified in all cases diagnosed as having bacterial infection or not, this should be clarified. 2- It is not clear also if any of the study participants were receiving prophylactic quinolones for SBP or not, this should be clarified 3- Indeed the type of bacterial infection is important to know, bacterial infections are broad including from mild to virulent bacteria and the outcome of the results did not clarify the type of bacterial infection, is the outcome the same in any type of bacterial infection in this study? 4- It is not clear why the authors included only HBV+ve patients and excluded HCV+ve patients. This should be explained.

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BPG Search:

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Manuscript NO: 51585

Title: Bacterial Infection triggers and complicates Acute-on-chronic Liver Failure in Patients with HBV-Decompensated Cirrhosis: a retrospective-cohort study

Reviewer's code: 00052765

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Professor

Reviewer's country: Egypt

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-23 00:17

Reviewer performed review: 2019-12-09 20:31

Review time: 16 Days and 20 Hours

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
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
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SPECIFIC COMMENTS TO AUTHORS



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My concern regarding this manuscript is: The relation between alcoholic liver disease and bacterial infection is well known. Indeed 11% of patients in the current series have concomitant alcoholic and HBV-related liver disease. What is frequency and etiologies of bacterial infection, as well as survival rate, and rate of ACLF presentation among patients with isolated chronic HBV-related liver disease versus those with concomitant alcoholic and HBV-related liver disease?

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PEER-REVIEW REPORT

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Manuscript NO: 51585

Title: Bacterial Infection triggers and complicates Acute-on-chronic Liver Failure in Patients with HBV-Decompensated Cirrhosis: a retrospective-cohort study

Reviewer's code: 02540325

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor, Full Professor

Reviewer's country: Nepal

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-11-24 16:04

Reviewer performed review: 2019-12-11 04:25

Review time: 16 Days and 12 Hours

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:
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The study is of potential interest as it covers an important aspect of ACLF. However, the present study can't be published in its form because of following reasons. Major: 1. It is stated that "Our data confirms that the high risk of developing BI in cirrhosis is independent of the etiology of cirrhosis" How can it be done when the study is carried in HBV related cirrhosis only. 2. It is also concluded that "BI significantly reduced the liver transplantation rate, especially in patients admitted with ACLF" Is it justifiable? Minor: 1. How can be every infiltrates in the lung can be taken as bacterial infection? They can also have viral or even fungal pneumonia. 2. Low TLC below 4000 can't be taken as sign of infection. Patient with LC can have hypersplenism and because of this they can have TLC < 4000. 3. 37% patients were HBeAg positive and only 24% were on anti viral treatment. What can be the reason?

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BPG Search:

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