



PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 53064

Title: Renal transplant recipients seizure practical management

Reviewer's code: 00503182

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United Kingdom

Manuscript submission date: 2019-12-02

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2019-12-05 06:46

Reviewer performed review: 2019-12-07 08:20

Review time: 2 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

None



PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 53064

Title: Renal transplant recipients seizure practical management

Reviewer's code: 00731523

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor, Attending Doctor

Reviewer's Country/Territory: Iran

Author's Country/Territory: United Kingdom

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Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2019-12-08 08:38

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Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This is a good article and worth for publication but as a review article it is not acceptable without these changes: 1. This is an article about epilepsy in transplant patients but you didn't discuss about a major cause of post transplant epilepsy: immune-suppressant drug complication. For example starting "Tacrolimus" with a high dose immediately after the transplant is a major cause of seizure. 2. you should discuss the relation of seizure specifically with each of the routine post transplant drugs: tacrolimus, sirolimus, everolimus, prednisolone, MMF, antibiotics, antivirals, etc.... 3. as a conclusion of a good review article you should add a general recommendation at the end of the article: how to prevent and treat early and lat posttransplant seizures.



PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 53064

Title: Renal transplant recipients seizure practical management

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Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Chile

Author's Country/Territory: United Kingdom

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Reviewer chosen by: Ruo-Yu Ma

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Comments on Management of Seizures in Kidney Transplant Recipients The title suggests that the manuscript intends to be a “manual” to attending physicians caring for kidney transplant recipients and it seems that has no intention to be a formal review of neither convulsive crisis in kidney transplanted patients nor kidney transplant recipients suffering of convulsive crisis. In the Introduction section, the authors do not think that drugs or toxics can cause convulsive crisis In these patients. Moreover, they emphasize that it seems to be the low glomerular filtration rate (GFR) of some transplant patients that predispose to suffer convulsive crisis meaning that it is GFR and not the allograft itself the pathogenic important event. Pre transplantation phase section Patients intending to be recipient of a kidney transplant are well evaluated and, when they are on the waiting list to receive the transplant, they are in steady state and, of course, any convulsive crisis cannot be attributed to uremic encephalopathy or dialysis disequilibrium syndrome that affect acute new patients requiring renal replacement therapy. Those end stage renal disease patients that simultaneously have epilepsy, intending to be included on a waiting list, require to give a clear diagnosis of what type of epilepsy they suffer, the electrophysiological and image studies performed, and what drugs they need, Is Action myoclonus and renal failure syndrome enough prevalent to be discussed and not some other neurological/nephrological diseases, for example tuberous sclerosis? Peri - Post Renal Transplantation phases Immunosuppressive drugs have the potential to induce convulsive crisis. It is true, but, kidney transplant recipients could receive many more drugs or toxics that, in the perioperative period also can induce convulsions (Table 1). When a physician is facing a just kidney transplanted patient that convulse, it is expected to think not just in immunosuppressive drugs. Pharmacokinetics of AEDS in renal disease What are “glucotromides”? Most liver bio-transformative reactions include oxidation, not epoxidations. Oxide metabolites are



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not necessarily more water soluble than the original drugs. Do the authors think that the pharmacokinetics change in dialysis just for filter characteristics or by the procedure itself? See that there were dedicated 4 paragraphs to this topic and not one to pharmacokinetics changes associated to the transplant procedure: compartment volumes, dissociation constants, liver and kidney drug elimination processes, etc. Choice of antiepileptic drug In a manuscript like this, that intends to be a practical guide to a physician facing a convulsive crisis, it is not well received that the first drug mentioned is one that is not recommended, like phenytoin or that carbamazepine could aggravate a rare type of epilepsy. It is welcome that valproate has an entire section. What do authors conclude from their entire work? Reference section OK Table 1: Regrettably, Reversible posterior leukoencephalopathy syndrome, a common condition causing convulsions in kidney disease patients, is not mentioned in the text. What is "mutromonab"? Why are antibiotics mentioned as separated, Quinolone and ciprofloxacin, and not grouped together? Same as in beta lactams. Table 2: OK Figure 1: This figure is isolated from the main text and it is a good approximation to evaluate a patient that suffers from a convulsive crisis.