

Manuscript ID: 63512

Title: "Malnutrition and Liver Disease in a Developing Country"

Dear Editor,

The authors would like to thank the esteemed reviewers for their insightful comments on our review article. We are very grateful for their thorough review. We have edited our manuscript and uploading revised documents as per the reviewers' comments and will be addressing specific comments below.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This review tackles a very interesting and important clinical problem. In the review entitled "Malnutrition and Liver Disease in a Developing Country" by Siddiqui AS et al., the authors described the current views on the problem of malnutrition in chronic liver diseases (CLD) in Asian countries. The title, abstract and key words correspond to the text of the article. The manuscript is well organized and as well as well written. Submitted manuscript presents in detail the main pathophysiological changes in patients with CLD, separately indicates the key points in the disruption of the exchange of micro- and macronutrients and the basic principles of nutritional support for patients with CLD. The existing methods for assessing the nutritional status are also described in sufficient details. The Conclusion summarizes the most evident data collected by the review and presented. The authors appropriately cite the latest and relevant references. Minor comments: **to format the references in accordance with the requirements of the Editorial Board.**

Response: Thank you for your comments. We have updated our references through the Auto Analyzer in the submission portal to the best of our abilities. There are some articles that do not have a DOI, as they are either slightly older or are WHO global nutrition report articles; These are necessary to highlight the issues presented and have been approved through the Auto Analyzer. If there is anything else that needs to be changed with the referencing, we will be happy to do so.

(1) Science editor: 1 Scientific quality: The manuscript describes a review of the malnutrition and liver disease in a developing country. The topic is within the scope of the WJG. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: This review tackles a very interesting and important clinical problem. The manuscript is well

organized and as well as well written. The questions raised by the reviewers should be answered;

(3) Format: There are no tables and no figures;

Response:

Thank you for your comments.

There were two figures in the manuscript that have now been separately uploaded in a file. We have added the following tables to present our information more clearly.

Micronutrient	Effect Caused by Deficiency in Liver Disease
Vitamin A	Dermatitis, night blindness, dyslipidemia, photophobia, increased risk of neoplasia
Vitamin B1	Wernicke encephalopathy and Korsakoff dementia
Vitamin B9	Dementia
Vitamin B12	Anemia, glossitis and neurological symptoms (numbness, muscle weakness and ataxia)
Vitamin D	Rare osteomalacia, increased risk of mortality
Vitamin E	Reduced antioxidation
Vitamin K	Increased risk of bleeding
Zinc	Hepatocyte dysfunction, increased risk of Hepatic Encephalopathy
Magnesium	Dysguesia, increased risk of Hepatic Encephalopathy

Table 1 summarizes the effects of each micronutrient deficiency caused by liver disease

Table 2: Summary of Nutritional Assessment methods for Chronic Liver Disease

Nutritional Assessment Methods	Description
<u>Subjective Global Assessment (SGA)</u>	Uses components of history and physical exam
<u>Royal Free Hospital Subjective Global Assessment (RFH-SGA)</u>	Modified version of SGA, includes anthropometry and gender
<u>Sarcopenia Assessment</u>	
1. Computed Tomography (CT) scan	Used to calculate skeletal muscle area (SMA) and the skeletal muscle index (SMI) at the L3 vertebral level
2. Anthropometry	Mid Arm Muscle Circumference, Skin fold thickness, BMI calculation
3. Dual-energy X-ray absorptiometry (DEXA)	A radiological modality that is used to measure bone mass, fat mass and fat free mass
<u>Bioelectrical Impedance Analysis</u>	Alternating current is used to estimate total body water, fat mass and fat free mass
<u>Liver Specific Tools</u>	
1. Royal Free Hospital-Nutrition Prioritizing Tool (RFH-NPT)	Includes weight loss, volume overload, BMI, and reduced oral intake, classifies patients according to risk of malnutrition
2. Liver Disease Undernutrition Screening Tool (LDUST)	The LDUST includes components of oral intake, weight loss, loss of subcutaneous fat or muscle mass, volume overload, and functional status
<u>Dietary Assessment</u>	Includes dietary review, 3 day food diary, 24 hour diet recall

(4) References: A total of 103 references are cited, including 34 references published in the last 3 years;

Response: Thank you for highlighting this. We have presented information that was published as recently as possible. There are 43 references from before 2016, which we thought were important to cite to present the disease development, etiology, pathophysiology, nutritional assessment and treatment. We have tried our best to keep our information as relevant and recent as possible.

(5) Self-cited references: There are 2 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated

Response: Thank you very much for pointing this out. We have ensured that self-citation be less than 10 percent (2 references out of 101). As we have highlighted in our article, data on nutritional status in liver cirrhosis from our country is very limited and the referenced articles are some of the few published in this domain. We believe that information is necessary to be referenced in our article to highlight the issue being presented.

and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade A. No language editing certificate was provided. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised: (1) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (2) Please add table/figure to this review. 6 Recommendation: Conditional acceptance.

Response: All issues highlighted by the peer reviewers have been addressed to the best of our abilities. Kindly highlight if anything else may have been missed. We are very grateful for the

World Journal of Gastroenterology and the BPG Publishing group for their comments on our manuscript.