Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

| **Peer-reviewer statements** | Peer-Review: [Y] Anonymous   [   ] Onymous |
| | Conflicts-of-Interest: [   ] Yes   [Y] No |

SPECIFIC COMMENTS TO AUTHORS

Acute kidney injury (AKI) in cirrhosis is associated with poor outcomes. The authors aimed to evaluate predictors of mortality in patients with infection-associated AKI. The results suggest that infection with AKI in cirrhosis has a dismal prognosis with higher 28-day mortality as compared to noninfection AKI. Serum bilirubin and the presence of HE predicted 28-day mortality in infection AKI. The concept is interesting, but in the current format there are are several concerns that need to be addressed. 1.The authors do not need to describe the results too much in the text, but just use tables to express them. 2.The number of cases is limited, increasing the number of cases is more convincing. 3. Please check the Spelling and Punctuation.

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments: 1. This is an interesting study regarding the evaluation of predictors of mortality among patients with cirrhosis and AKI. The relevant descriptions in the "Abstract" section have to be clarified according to the corresponding contents in the "Materials and Methods". For example, infection and non-infection? 2. The "RESULTS" of the "Abstract" section has to be concise. 3. Why the authors did not measure the "PAMPs" and "DAMPs" in the present study? 4. The major endpoint of this study is "mortality", why the authors only exclude those with HCC? How about other cancers? 5. All variables with P<0.1 in univariate analysis were included in multivariate regression analysis. Please explain why p value < 0.1? 6. In the "Discussion" section, the authors mentioned about "It is also important that once infection recovered then there was no difference in three-month mortality". Based on the findings of the present study, it is not appropriate to make this interpretation. 7. In the "Limitations", why the data on beta blockers was not available at baseline is a limitation?