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### PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 73887

Title: Renal Biopsies in Nephritic Syndrome: Update

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03455028 Position: Editorial Board Academic degree: PhD

**Professional title:** Professor

Reviewer's Country/Territory: China

**Author's Country/Territory:** Iran

Manuscript submission date: 2021-12-07

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2021-12-08 02:51

Reviewer performed review: 2021-12-16 14:53

Review time: 8 Days and 12 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

Agree to published.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00503194 Position: Peer Reviewer Academic degree: MD, PhD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Greece

Author's Country/Territory: Iran

Manuscript submission date: 2021-12-07

Reviewer chosen by: AI Technique

Reviewer accepted review:  $2022-01-04\ 05:12$ 

Reviewer performed review: 2022-01-10 18:49

**Review time:** 6 Days and 13 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Minor revision [ Y] Major revision [ ] Rejection
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# **Baishideng Publishing**

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### SPECIFIC COMMENTS TO AUTHORS

REVIEW FOR WORLD JOURNAL OF NEPHROLOGY Manuscript No 73887 Manuscript Type: Meta- Analysis Title: Renal Biopsies in Nephritic Syndrome: Update Summary and overall Evaluation- General Points This article states that it is a meta- analysis of renal biopsies in nephritic syndrome. The major problem of the article is the lack of clarity The reader can not follow the PRISMA 2009 checklist, although provided by the authors The language is poor both for syntax and grammar Otherwise the number of reports is impressive and the workload by the authors should not be wasted. Specific comments and Improvement points 1) What is the investigated? In which parts of the world? Should be stated in the Abstract. Later in the text the contribution of each continent should specified with the most prevalent diagnosis. 2) In Results: "NiS was the indication for renal biopsies in 21% of the total populations worldwide": Both grammar error and lack of meaning. What total population? Later in "Definitions and event classifications" the authors state diagnosis of Membranous Nephropathy, Focal and Segmental Glomerulonephritis, Amyloidosis, i.e. histopathology patterns that relate to nephrotic, not nephritic syndrome. In "Searching and selecting reports for review" the authors state that they searched 162 reports "whose indication for renal biopsies was nephritic syndrome". So, what are actually the data included? Nephritic Syndrome with and without nephrotic syndrome? In cases of nephrotic syndrome was an Acute Renal Injury (ARI) misdiagnosed as nephritic syndrome? For example: In table 2 we see "MCD= minimal change disease" as a potential diagnosis of nephritic syndrome. This can not be. MCD can present clinically with deterioration of renal function but histologically an acute tubular injury is diagnosed plus the podocytopathy. The authors must change the title in acute renal



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injury in renal biopsies with proteinuria and or hematuria. Or be more specific in what they state. Recommendation Accepted after major revision