PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 85035

Title: Management of sepsis in a cirrhotic patient admitted to the intensive care unit: A systematic literature review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06337931

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-19 02:02

Reviewer performed review: 2023-04-23 20:55

Review time: 4 Days and 18 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[　] Grade A: Excellent 　 [　] Grade B: Good 　 [　] Grade C: Fair [Y] Grade D: No scientific significance
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

This paper reads more as a narrative review than a systematic review. There are too many outcomes - and given each outcome only has a few studies to cite, it is hard to draw many conclusions. The primary outcome (mortality) should be the first outcome described. There should also be a figure with a forest plot of the primary outcome, even if only a few studies. Also - many of the results are describing qualitative results, that are only only based on one study. Would consider cutting back the number of outcomes and focus on ones with quantitative results.

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04723746

Position: Peer Reviewer

Academic degree: MD

Professional title: Deputy Director

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-04-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-26 01:55

Reviewer performed review: 2023-05-01 11:54

Review time: 5 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [Y] Accept (General priority) [ ] 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

this paper is to determine the optimal management of sepsis in cirrhotic patients admitted to the intensive care unit. The paper highlights the importance of early detection and management of infections in cirrhosis patients to reduce mortality. The study findings indicate that cirrhotic patients are more susceptible to infections, resulting in higher mortality rates ranging from 18% to 60%. The paper also suggests that procalcitonin is a useful biomarker for diagnosing infections in cirrhotic patients, and presepsin and resistin have been found to be reliable markers of bacterial infection in patients with decompensated liver cirrhosis. The paper mentions that it is not comprehensive and detailed as not all sources were searched and found. Due to the short time frame of the review, the authors were only able to obtain a limited number of research papers that describe the management of cirrhosis patients with sepsis admitted to the intensive care unit. Therefore, the findings of this paper should be interpreted with caution, and further research is needed to improve outcomes in cirrhosis patients with sepsis. However, the following shortcomings remain: 1. "Third international consensus definitions for sepsis and septic shock" is mentioned for the first time in the

text without indicating the version and source. 2. the word "he" in the first line of RESULTS is incorrect, it should be "The".   3. The text mentions "Although the current management of sepsis in cirrhotic patients follows the guidelines proposed by the Surviving Sepsis Campaign " Where did this guideline come from? 4. the reference ( ) [ ] is incorrectly formatted. 5. acceleration of aerobic glycolysis, and reduced hepatic clearance [38].   Wrong order here. 5. punctuation is missing at the end of some parts of the text. 6. incorrect formatting of references. 7. The review cohort checklist is incorrectly formatted. 8. It is mentioned in the conclusion that this review highlights the importance of early detection andmanagement ofinfections in cinhosis patients to reduce mortality. However, the argument is not followed up.