PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

Manuscript NO: 53632

Title: Tongue thickness in health vs cirrhosis of liver: Prospective observational study

Reviewer's code: 04026351

Position: Editorial Board

Academic degree: MD

Professional title: Instructor

Reviewer's Country/Territory: United States

Author's Country/Territory: India

Manuscript submission date: 2019-12-29

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2020-02-23 18:17

Reviewer performed review: 2020-02-23 20:27

Review time: 2 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [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	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In general a good article about an observational study , with some applicability, which looks like is well prepared and followed the CONSORT guideline. Title: type of prospective study,-ie Observational Prospective Study, please correct Abstract: CTP Score: needs full name , same as for MELD.in Observation, I believe Mean +/- SD , please correct. Introduction: explain what is sarcopenia. mention your hypothesis and primary and 2ndary outcomes here again. Material and Methods: I still can not find what is CLD? Reference for using FHL. What is MELD Score? Reference, table? How you calculate CLD and MELD Scores? Statistics: How you performed the correlation? Figure 2 does not have the line of measurement .Figures need legend and description of finding Observation: Tables, What is highlighted numbers in tables 5,6,&7. CTP Score? is was not mentioned in your introduction or abstract. What happened with CLD and MELD scores?, where are the data related to CLD and MELD scores? Conclusion: you have to mention the interobservable variability in US of the tongue and how one can overcome with that . Since the correlation between tongue US and L3SMi, as a gold measurement, was poor, will place this method for evaluation of sacropenia under a big question and how you suggest to overcome this big limitation , especially when you suggest to use it at bedside.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

Manuscript NO: 53632

Title: Tongue thickness in health vs cirrhosis of liver: Prospective observational study

Reviewer's code: 00003250

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: India

Manuscript submission date: 2019-12-29

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2020-02-21 06:41

Reviewer performed review: 2020-02-25 06:39

Review time: 3 Days and 23 Hours

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

SPECIFIC COMMENTS TO AUTHORS

Major comments, 1. There was no correlation between tongue thickness and L3SMI, presently accepted as the most objective and quantitative measure of sarcopenia. This means that measurement of tongue thickness could not be used for diagnosis of sarcopenia in the present study. 2. There are many grammatical errors throughout the manuscript. Minor comments, 1. Healthy individuals were defined as people visiting hospital for reason other than illness. Who visits hospital for reason other than illness? 2. Figure 3 could be deleted because the same results are shown in the text. 3. Table 1 could be deleted. The results of median thickness are shown in Fig. 4 and those of mean thickness are in the text. 4. Tables 3, 4 and 5 could be put together. 5. In Table 4, the number of patients is not 120 but 119 in age column, although this is prospective study. 6. Table 6 could be deleted because median value is shown in Fig. 5 and mean value is shown in the text. 7. Reference 14, shown in page 8, line 4 from the bottom, is not found in the section of references.