

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 33476

Title: Association of Autoimmune Hepatitis Type 1 in a Child with Evans Syndrome

Reviewer's code: 02860673

Reviewer's country: United Kingdom

Science editor: Jin-Xin Kong

Date sent for review: 2017-02-15

Date reviewed: 2017-02-23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Authours report an interesting case of 3-yo child with ES associated with type 1 AIH. I have only minor comments. Case presentation, first paragraph, line 6: "viral panels were negative" - specify which viral panel was performed.

Respond - The viral panels including anti-HAV-IgM, HBsAg, anti-HBc, anti-HCV, CMV-IgM, EBV-VCA-IgG, EBV-VCA-IgM, EB early Ag, EBnA, Parvovirus, and HSV-IgM were negative.

ANA were positive: any specific pattern at immunofluorescence? If so please report.

Respond - No specific pattern of immunofluorescence of ANA

The biopsy report needs to be clarified. After mild cholestatic there is a bracket including different kind of damages such as interface hepatitis. This is an independent damage not related to cholestasis. Please correct this. Needs to be clarified at which month of follow up is the patient currently.



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Respond - Liver biopsy revealed interface hepatitis with a mixed inflammatory infiltrate including lymphoid cells, eosinophils, neutrophils, histiocytic cells and plasma cells in addition to periportal fibrosis with rare portal-portal septa (stage 2 fibrosis) indicating autoimmune hepatitis.

The current treatment regimen needs to be clarified: is it oral steroids, Azathioprine, Rituximab?

Respond - oral steroid, oral ursodiol, oral Azathioprine, intravenous Rituximab

The liver biopsy was performed percutaneously or transjugular? I found it brave to perform a percutaneous biopsy in a fragile patient like her.

Respond - Percutaneously

There is no mention of platelet count, needs of platelet transfusion. Also INR was normal? Please report the platelet count and INR at admission when she was biopsied. Needs revision of punctuation.

Respond - Her pre-biopsy hemoglobin was 11.5 g/dL with platelet count 101,000 /mCL, PT 10.9 sec, INR 1.0, and aPTT 31 sec.

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 33476

Title: Association of Autoimmune Hepatitis Type 1 in a Child with Evans Syndrome

Reviewer's code: 02453015

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2017-04-12

Date reviewed: 2017-04-12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Major concerns:

1. Abstract. There is no need for detailed examples of extrahepatic autoimmune disorders in this section.

Respond - I deleted them in abstract.

2. Where and when was the patient treated?

Respond - She was admitted at University of South Alabama Children's and Women's hospital in May 2015.

3. Figures 1 and 2. The patient is supposed to have received multiple blood test at each time point. What is the criteria for selection of a single reading among those?

Respond - I created the new Table that looked easier to read and put the criteria when I selected the time showing the laboratory tests.

Table 1: Laboratory tests during the disease course.

Laboratory tests	0 month	12 months	13 months	14 months	16 months
Hemoglobin (g/dL)	8.4	4.9	9.6	9.8	14
Reticulocyte count (%)	8	44	34.2	32	4.7
Platelet (cells/ μ L)	61,000	187,000	303,000	327,000	502,000
Albumin (g/dL)	2.7	2.6	3.5	3.7	4.1
Aspartate aminotransferase (IU/L)	387	547	45	49	87
Alanine transaminase (IU/L)	449	600	51	188	104
Total bilirubin (mg/dL)	0.8	10.2	1.3	0.5	0.4

* 0 months; diagnosis of Evans syndrome

12 months; diagnosis of autoimmune hepatitis

13 months; one month after treatment of methylprednisolone and oral prednisolone

14 months; prior to rituximab

16 months; present