



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35806

Title: Therapeutic strategy for low birth weight infants with acute hepatic failure

Reviewer's code: 00842377

Reviewer's country: USA

Science editor: Ke Chen

Date sent for review: 2017-08-09

Date reviewed: 2017-08-09

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Very nice case report. This is a multidisciplinary effort to save a small infant. From a practical standpoint, I would suggest the authors to add more detailed pre-and post-transplant course. For instance, what was the formula of enteral feeding used? What medications were used for pretransplant care? More details of surgical procedures (the authors discussed hepatic artery anastomosis, but no details in the case report)? How and why did the surgical team decide to proceed with LDLT on day 55? Because did the baby deteriorate? Could the baby wait until her BW increases more? Lastly, I don't feel comfortable to make a cut-off BW of 2500g in conclusion. Because this is a case report describing a single successful case.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35806

Title: Therapeutic strategy for low birth weight infants with acute hepatic failure

Reviewer’s code: 02943657

Reviewer’s country: Spain

Science editor: Ke Chen

Date sent for review: 2017-08-09

Date reviewed: 2017-08-10

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" 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

In the article entitled “Therapeutic strategy for low birth weight infants with acute hepatic failure” authors describes a case report of a living donor liver transplantation recipient with gestational aloimmune liver disease. Major: The article needs to be revised by an English-speaker medical writer. First of all in the introduction authors talked about the description of two cases and subsequently they only report one (the second case was an older sister and there is only one sentence about that case). More details about the indication, transplantation procedure and evolution should be mentioned. Moreover, the indication of LT in the first case was also a GALD. Authors should explain why they did not use iv gammaglobulins to avoid the recurrence of the disease in the second sibling. Is there any history of other siblings or abortions? How they diagnosed the patient. Did they perform abdominal MRI or salivary glands biopsy to diagnose GALD? In the posttransplant evolution, patient was extubated 81 days after the surgery. Why that patient needed to be so long using respiratory



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assistance. More details about the transplant procedure and the post-LT evolution need to be explain (there is only a line for the evolution). Was there any infectious complication? Have the patient presented big for size syndrome? Which was the graft evolution? When presented the graft a normalization of INR, bilirubin and liver enzymes? In the discussion, authors should explain the reasons that can explain the improvement in survival observed in the very low weigh recipients and if they have modified their surgical strategy to avoid the vascular/biliary complications observed in such population. Authors suggest the limit to perform a LT should be around 2.500 Kg (taking in care the weight of the hyper-reduced grafts and the GRWR below 4%). In cases of lower recipient weight, other strategies can be also used (ex; leaving the abdominal wall opened or using octreotide or somatostatin to adjust the hepatic blow flow to the graft size). Authors should give us some details about that in the discussion. In the treatment of GALD, authors need to explain what apheresis means (exanguinotransfussion, plasmapheresis...) and which parameters were used to indicate and monitor the apheresis success. Minor: The term Neonatal hemochromatosis should be replaced by Gestational Alloimmune Liver Disease (GALD). PELD score should be recalculated (for a patient younger than 1 year with bilirubin of 13.74 mg/dL and INR 2.12, PELD score should be higher than 20).



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35806

Title: Therapeutic strategy for low birth weight infants with acute hepatic failure

Reviewer's code: 03571551

Reviewer's country: China

Science editor: Ke Chen

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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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors presented an interesting case with low birth weight infants (1594g, 323/7 weeks) with acute liver failure. The patient developed acute liver failure due to neonatal hemochromatosis at the age of 11 days. At 55 days old, body weight reached to 2946 g via exchange transfusion and high-dose gamma globulin therapy and enteral nutrition. Then she underwent living-donor liver transplantation (LDLT) using an S2 monosegment graft from her mother. Low birth weight infants with acute liver failure may be rescued by LDLT after body weight has increased to over 2500 g. In the end, the authors discussed the limits and management of LDLT for small recipients. A clearly presented submission but there are also some issues in this manuscript. 1. Besides the main results about this case, the important information such as vessel construction and management after operation (eg. large-for-size graft syndrome) should be detailed which were more attractive for readers in this field. 2. Some obvious mistakes were found in the manuscript: "we report two cases involving rescued LBWIs with acute liver



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failure and discuss the limitation of body weight as an indicator for neonatal LDLT.", "bleeding was 700 ml (238 ml/recipient body weight (g))", "Given this graft weight, transplantable recipient body weights of 2500 g or less will result in a GRWR of 4.0% or less.". More careful revision would be needed. 3. The paper does not read well overall. The authors would benefit significantly from a professional English writer/reviewer. 4. The title used in the manuscript were too extensive, the more specific title would be appropriate, for example the title maybe include the key word "case" to reflect the paper type.