



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40615

Title: Successful rescue of acute liver failure and hemophagocytic lymphohistiocytosis following varicella infection: A case report

Reviewer’s code: 01548565

Reviewer’s country: China

Science editor: Ying Dou

Date sent for review: 2018-08-07

Date reviewed: 2018-08-12

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Accumulating evidence pointed towards a similar immune dysregulation pattern - a plasma “cytokine storm” in HLH and ALF. Viral infection, especially herpes viruses may trigger HLF, cy in y, in which the cytolytic activit is defect and results in uncontrolled



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activation of macrophages, histiocytes and T cells. This activation produces an exaggerated inflammatory response caused by hyper-secretion of pro-inflammatory cytokines. Acute liver failure associated with HLH is extremely fatal and rarely reported. In this study, the author reported a case of acute liver failure (ALF) and hemophagocytic lymphohistiocytosis (HLH) induced by varicella infection, successfully rescued by a combination therapy of acyclovir and immunosuppression with dexamethasone and etoposide. In recent years, HLH first presenting as acute liver failure was becoming increasingly noticed while the mortality remained high. Given the rarity, high mortality, and complexity of HLH in the context of ALF, it is important to maintain a high suspicion for HLH in ALF with or without an identified trigger. Early initiation of specific therapy targeting the underlying etiology, and watchful immunosuppression such as dexamethasone and etoposide, together with supportive therapy, are of crucial importance in this life-threatening disorder.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
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- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40615

Title: Successful rescue of acute liver failure and hemophagocytic lymphohistiocytosis following varicella infection: A case report

Reviewer's code: 03340448

Reviewer's country: Japan

Science editor: Ying Dou

Date sent for review: 2018-08-16

Date reviewed: 2018-08-21

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an attractive and rare case report with VZ-HLH. Received 16th Aug, 2018, and reviewed until 21th Aug, 2018. Main comments The authors did not explain the general and physical conditions, nor vital signs of the patient - most of the explanations



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are laboratory data. Please explain those. Minor comments Page 4) “acyclovir was started” to “intravenous acyclovir was started” Page 4) acyclovir of 10 mg/kg/day was too small for any cases. Page 4) Show the amount (IU/L) of lactate dehydrogenase (LDH) Page 4) Add also total bilirubin by “mg/dl” Page 5) Show total duration of acyclovir Page 5) Did the authors use antibiotics? If so, please explain. Page 5) Show the total observation period after discharge. No relapse for how many months or years? How are the authors going to monitor the VZV-PCR? Page 8) “On the other hand” to “In contrast” See above

INITIAL REVIEW OF THE MANUSCRIPT

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