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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 41886

Title: Treatment of Primary Sclerosing Cholangitis in Children

Reviewer's code: 03646989

Reviewer's country: Finland

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-29

Date reviewed: 2018-09-07

Review time: 9 Days

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[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced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

SPECIFIC COMMENTS TO AUTHORS

Dear Editor of World Journal of Hepatology, I read with interest the Review entitled "Treatment of primary sclerosing cholangitis in children" by Trevor J Laborda, M Kyle Jensen, Marianne Kavan, Mark Deneau. Aetiology, pathogenesis, natural history and treatment of PSC are still underreported in the literature. Pediatric PSC seems to share

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the same features than in adults, but probably it has a more benign clinical course and prognosis. The present review tries to cover many aspect of the disease in children. After a brief discussion about the pathogenetic hypothesis of PSC, the authors developed well the therapeutic options available at the moment and they have tried to put them into a flow-chart which could help clinicians to diagnosis, treat and follow-up children with PSCin their clinical practice. However, the authors seem to ignore many papers that have been recently published on this topic in Europe. In particular, the second largest retrospective series in Europe on clinical course and prognosis of pediatric onset PSC has been recently published in United European Journal of Gastroenterology. The peculiarity of this paper is that all the children have been followed-up systematically by using ERC with brush cytology for the screening and surveillance of biliary dysplasia, reporting no cases of colangio-carcinoma after a very long follow-up. This result should be reported and commented into the paper. Still, I suggest to introduce and comment on other recent papers on PSC in children. Please find my comments in the file enclosed.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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[Y] No

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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 41886

Title: Treatment of Primary Sclerosing Cholangitis in Children

Reviewer's code: 01560482

Reviewer's country: China

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-29

Date reviewed: 2018-09-24

Review time: 25 Days

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

SPECIFIC COMMENTS TO AUTHORS

This manuscript has listed the main treatment of pediatric PSC and analyzed their effects based on numerous references. At last, a management algorithm was offered, which was a good summary and guidance for the treatment. Authors rally did a great job. However, there were still several questions requiring deeper discussion: 1. In the part of liver

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transplantation, authors took MELD score to evaluate the severity of pediatric liver diseases, but in fact, for pediatric patients, PELD (Pediatric end-stage liver disease) score is the more scientific and common indictor. 2. There was an opinion that any remaining recipient biliary duct tissue was at risk for the subsequent development of fibrotic changes though not present in the time of liver transplantation, so it is advisable to choose Roux-en-Y choledochojejunostomy to reconstruct the pathway for bile excretion rather than duct-to-duct biliary anastomosis. However, in the manuscript, authors used just one sentence to put forward that those two methods showed similar effects, please discuss more. 3. A large part of pediatric PSC patients has concomitant autoimmune hepatitis (AIH), which is so-called AIH-PSC overlap syndromes. According to the reference (Hepatology. 2017;66(2):518-527), the percentage was 33%. So how to deal with this part of pediatric patients? 4. How about the development of metabolic disorders such as hepatic osteodystrophy and fat-soluble vitamin deficiency in pediatric PSC patients? Does PSC influence the children's growth? How to deal with them? 5. Are antihistamines, cholestyramine and other medicines also used in the pediatric PSC patients to control pruritus? If so, please add them.

INITIAL REVIEW OF THE MANUSCRIPT

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