



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 48175

**Title:** Incidence of infection complication leads to high mortality in patients with hepatitis B virus-related acute-on-chronic liver failure

**Reviewer’s code:** 02937613

**Reviewer’s country:** Canada

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-24 20:48

**Reviewer performed review:** 2019-04-26 20:34

**Review time:** 1 Day and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input checked="" type="checkbox"/> Accept	Peer-Review:
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is an interesting and well written retrospective study of HBV-ACFL. I have a few suggestions which I hope will not be too much trouble, that will improve the content considerably. For the title I suggest “Incidence of infection complication leads to high



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mortality in patients with HBV-related acute-on-chronic liver failure.” It is more succinct. The MATERIALS AND METHODS states that “ACLF was defined according to the Guideline for diagnosis and treatment of liver failure (2018 edition)[9].” The reference is in Chinese, so English readers are unable to determine the definition used. The authors should state the definition used in the text of their article. Similarly, the diagnostic criteria for chronic hepatitis B is not stated and the reader is offered only a Chinese reference. Similarly the diagnostic criteria for bacterial and fungal infections should be stated, as well as definition of sepsis and septic shock. While some of the references are in English, it is still laborious to look up these things. Similarly MELD, MELD-Na, iMELD and ACLF-1, ACLF-2, ACLF-3 should be briefly defined. In Table 1, I suggest adding three lines. One for ACLF-1, one for ACLF-2 and one for ACLF-3. In Table 3, I suggest adding three lines. One for ACLF-1, one for ACLF-2 and one for ACLF-3. Stage of liver failure line can be kept or deleted at the discretion of the authors. In Table 4, I suggest adding three lines. One for ACLF-1, one for ACLF-2 and one for ACLF-3.

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

### ***BPG Search:***

- The same title
- Duplicate publication



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[ ] Plagiarism

[ Y ] No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 48175

**Title:** Incidence of infection complication leads to high mortality in patients with hepatitis B virus-related acute-on-chronic liver failure

**Reviewer’s code:** 00724474

**Reviewer’s country:** Spain

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-27 19:17

**Reviewer performed review:** 2019-05-01 13:54

**Review time:** 3 Days and 18 Hours

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 checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

General comments: - The research is very interesting but my main concern is that fungal and bacterial infections have not the same risk factors and authors did not perform separate analysis. I presume this is because there are not enough patients to



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report positive results. However, this should be well explained. - There is a lack of information if those patients developed infections or presented these infections on admission. Timing is crucial for infection and this needs to be reported. - Authors need to analyze factors associated with mortality to show if the occurrence is an important factor as it seems. - Grammar has to be corrected but the writing is poor in general. - Authors need to soften the message. A retrospective study can only provide association not causality. Abstract: - P is not provided in results section. - Back ground is not provided in the document. - Conclusions are not supported by the results section. Introduction: - 2nd paragraph: some of the sentences should be referenced (e.g., "Since infection plays such an important role in the occurrence, development, and prognosis of liver failure, the prevention, early diagnosis and treatment of infection are indispensable in the management of liver failure" or "Preventing and controlling bacterial and/or fungal infection is extremely challenging due to the increasing incidence of antibiotic resistance and the diversification of multidrug-resistant bacteria" - The sentence describing the aim of the study is not clear. Please, describe the main aim of the study and the secondary objectives with two or more sentences. - The number of patients that were analyzed correspond to Results section. Methods: - 1st paragraph: It would be of great importance for educational purposes to describe and summarize all the diagnosis criteria in one table. - Data collection: why do you use the percentage of neutrophils instead of absolute count? - Data collection: Please, rephrase "Patients who received a liver transplant or left the hospital in an extremely critical condition or died were considered as dead" because it seems that patients who received a liver transplant were considered as dead. If that is the case this is not methodologically correct. - Data collection: Explain when laboratory data was collected. If data was collected on admission or the worst value of 24-48h analysis is correct. If this is not the case, I have doubts about the results of the present research. - Score models: Please, describe what



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abbreviations mean (i.e., MELD = Model for End-Stage Liver Disease). - Enlarge the information about how you obtain the data. - Please describe your Ethics statements. - Statistical analysis: describe “ $x \pm s$ ” as “mean and standard deviation”. Enlarge the different type of analysis associated with the different objectives of the present research. ROC curve is surprisingly not explained in this section. - Describe microbiology methods for diagnosis of infections. Results: - Please, avoid repeated information. The flowchart of Figure 1 explains better selection criteria and mortality. However, we do not know if the differences in mortality between infected vs non-infected are statistically significant or not. - Table 1: describe abbreviations in the footnotes. Please, do not describe again statistical methods below the tables; you need only to describe how the results are presented (i.e., not describe statistical tests used). - Microbiology results should be presented in Tables with the whole microbiological bacteria and fungi reported per site of infection. - The way you established cut-offs is not explained in methods and what is the reason behind. This is one of the most important issues in your manuscript and this is not properly explained. - “Hospital stay $\geq$ 30 days” is not a risk factor. Indeed, none of the data showed in the present manuscript are risk factors; they are factors associated with the occurrence of infections. - What is TBIL? Abbreviations are not well defined within the manuscript. The same happens in Figure 3. - A spline function or a graphic would be desirable to show readers how mortality and infection rates are higher with higher degree of liver failure. Discussion: As a general comment and in accordance with my previous comments the findings of the present review should be adequately and appropriately highlighted and the key points explained more concisely and logically. Biostatistics: - Explain the present reviewer why Unconditional logistic regression is more appropriate than a multivariate model with stepwise binary logistic regression in order to elucidate those factors associated with infection. - Describe better in methods section.



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## JOURNAL EDITOR-IN-CHIEF'S REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 48175

**Title:** Incidence of infection complication leads to high mortality in patients with hepatitis B virus-related acute-on-chronic liver failure

**Journal Editor-in-Chief (Associate Editor):** Sandro Vento

**Country:** Cambodia

**Editorial Director:** Jin-Lei Wang

**Date accepted review:** 2019-06-24 07:29

**Date reviewed:** 2019-06-24 07:33

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	language polishing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Major revision

### JOURNAL EDITOR-IN-CHIEF (ASSOCIATE EDITOR) COMMENTS TO AUTHORS

The title should be changed from "Incidence of infection complication leads to high mortality in patients with HBV-related acute-on-chronic liver failure" to "Incidence of infectious complications is associated with high mortality in patients with HBV-related acute-on-chronic liver failure". English should be further revised.