Feb 28th 2021

Dear editor,

Please find attached files of revised manuscript in word format

Title: Pediatric Wilson Disease Presenting as Acute Liver Failure:Prognostic Indices

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Name of Journal: World Journal of Clinical Cases

Manuscript NO: 62574

First of all, thank you for your careful guidance of this manuscript. Revision has been made according to the suggestions of the reviewer:

Reviewer #1: 00053644
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: This manuscript investigates sensitivity of 7 different prognostic scoring systems in 41 pediatric patients WD. The results presented are worthy of interest. It would be desirable to be able to link the variants of ATP7B mutations with the different parameters that are considered in this pathology.

Reviewer #2: 02539855
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: I am attaching the manuscript with the comments which if done will be acceptable for publication The table are too long should be revised and be shorter thanks Nehal.

Reviewer #3: 03537553
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: Manuscript is acceptable in present form.

Then we have added the section of ‘Article highlights’ at the end of the main text, and have checked the reference again.

Table 1: The association of *ATP7B* variants with the baseline clinical characteristics and outcome in WDALF patients.

EDITORIAL OFFICE’S COMMENTS

1 Scientific quality: The manuscript describes a retrospective study of the pediatric Wilson disease presenting as acute liver failure. The topic is within the scope of the WJG. (1) Classification: Two Grades B and Grade C; (2) Summary of the Peer-Review Report: This manuscript investigates sensitivity of 7 different prognostic scoring systems in 41 pediatric patients WD. The results presented are worthy of interest. It would be desirable to be able to link the variants of ATP7B mutations with the different parameters that are considered in this pathology. The questions raised by the reviewers should be answered; and (3) Format: There are 3 tables. A total of 44 references are cited, including 14 references published in the last 3 years. There are no self-citations (Ref. 23, 24). The topics of the self-citations are related to this study.

2 Language evaluation: Classification: Grade A and two Grades B. A language editing certificate issued by a native English speaker was provided.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG.

5 Issues raised: (1) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text; and (2) Authors should always cite references that are relevant to their study. Please check and remove any references that not relevant to this study.

6 Recommendation: Conditional acceptance.

Thank you for your suggestions.

After receiving the comments, we read the article carefully multiple times, and changed the relevant description according to the advice.

According to Reviewer 1’s comments, We further analysis the association of ATP7B variants with the baseline clinical characteristics and the outcome of WDALF patients. But no significant correlation was found between them (Table 1, shown in the following), accordance with the previous reports that there was no obvious relationship between genotype and phenotype in Wilson disease. Thus, we did not add this result (as shown in Table1) to the revised manuscript, but showed the result here.

According to the Reviewer 2’s comments, I have made the tables shorter now, and added the supplements in the manuscript where the reviewer had point them out for us.

n=36	*ATP7B* variants biallelic severe (n=3)	monoallelic severe (n=8)	non-severe (n=25)	*p* value
Death (n=2)	0	1	1	*0.659*
Poor outcome (death and LT, n=5)	1	1	3	*0.664*
Encephalopathy (n=7)	1	2	4	*0.716*
Total bilirubin (umol/L)	309.70 ± 461.67	246.99 ± 311.65	147.97 ± 169.16	*0.734*
Direct bilirubin (umol/L)	159.73 ± 246.93	139.44 ± 187.73	84.76 ± 99.35	*0.791*
GGT (IU/L)	84.33 ± 7.64	153.10 ± 76.85	146.06 ± 79.39	*0.346*
Ammonia (umol/L)	85.00 ± 43.21	73.65 ± 31.98	65.27 ± 30.21	*0.571*
Serum creatinine (μmol/L)	72.67 ± 65.31	43.01 ± 13.85	42.93 ± 13.82	*0.94*
PT (s)	28.53 ± 4.40	27.19 ± 7.21	29.12 ± 11.08	*0.77*
INR	2.72 ± 0.53	2.57 ± 0.85	2.81 ± 1.51	*0.672*
APTT (s)	56.43 ± 8.13	59.30 ± 16.07	59.20 ± 19.20	*0.99*
Fibrinogen (g/L)	1.12 ± 0.15	1.65 ± 0.53	1.28 ± 0.36	*0.15*
Hemoglobin（g/L）	84.47 ± 23.07	119.40 ± 24.91	100.46 ± 23.17	*0.168*
Serum sodium (mmol/L)	136.00 ± 2.65	136.09 ± 4.24	135.56 ± 3.04	*0.993*
KCHC	8.67 ± 4.73	9.00 ± 4.07	8.96 ± 3.32	*0.996*
MELD / PELD score	20.00 ± 11.27	22.75 ± 5.80	20.68 ± 9.61	*0.593*
LIU-PT score	155.33 ± 124.46	137.50 ± 88.76	131.32 ± 58.07	*0.93*
LIU- INR score	249.33 ± 143.63	230.13 ± 116.45	252.12 ± 118.49	*0.788*
aLIU- PT score	239.33 ± 199.77	208.50 ± 139.79	176.20 ± 86.99	*0.908*
aLIU-INR score	288.00 ± 246.02	249.88 ± 175.24	212.96 ± 119.18	*0.853*
Devarbhavi model score	20.37 ± 30.55	16.88 ± 22.03	10.31 ± 11.12	*0.883*

Note: ATP7B variants were categorized as either severe, including frameshift, nonsense, and classical splice-site variants, or non-severe (all others).

No significance was found between the different categories of ATP7B gene and other parameters in the WDALF patients.

Thank you again for considering accept our manuscript in the World Journal of Clinical Cases.

Sincerely Yours,

Wei-yuan Fang