

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 63751

**Title:** Hepatic and gastrointestinal disturbances in Egyptian patients infected with coronavirus disease-19: A multicentre cohort study

**Reviewer's code:** 05348869

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2021-02-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-02-04 09:10

**Reviewer performed review:** 2021-02-26 14:11

**Review time:** 22 Days and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

The aim of the study was to evaluate liver and gastrointestinal dysfunctions in a multicenter Egyptian cohort of patients with COVID-19 in the first months of the pandemic and to relate these results with COVID disease severity. Major comments: 1.

In 22% patients, transaminases were not available, while it is unclear in how many patients albumin and coagulation tests were performed. Moreover, relation between AST/ALT and albumin and INR, as liver function tests and with C-reactive protein, as inflammatory marker were not fully reported. 2. CPK results as enzyme related to heart and skeletal muscles injuries and to possible AST elevation should be considered 3.

Male gender, smoking, hypertension, chronic hepatitis-C and lung involvement were associated with elevated AST or ALT. Surprisingly, in the text, no relation with BMI was reported questioning in how many patients it was recorded. Similarly it is unclear, if any, the relation with diabetes and drugs. Please specify and comment. 4.

Fibrosis-4 (FIB-4) index but not GI symptoms, was significantly higher in severe and critical patients. Was the FIB-4 index performed in all patients in whom transaminases were tested? Was it considered at admission to the hospital? 5. In how many patients abdominal US were performed and available? 6. Among the independent variables affecting outcome it is reported vitamin C intake. But food diary or vitamin C level considered? Which criteria were used for vitamin C intake? 7. Only 60 (13.98%) patients had gastrointestinal symptoms (87% of whom reported diarrhea). The prevalence of diarrhoea, nausea, vomiting and abdominal pain was 9.51%, 2.01, 3.11% and 3.84%, respectively. Was it and attrition or reporting bias with incomplete or selective report? Were gastrointestinal symptoms fully investigated and reported in all patients via a detailed form at admission to the hospital or during hospitalization? This point is particularly important because this study showed a very low overall and specific

rate compared to literature data. Please further report, comment and explain      Minor  
comments: Definition of lymphopenia or leukopenia is missing in the method 8.      Mean,  
median and range of age of included patients should be reported in the result section 9.

Reference missing for the angiotensin converting enzyme-2 (ACE-2) receptor on  
cholangiocytes and on gastric and duodenal glandular cells in the introduction;  
definition of liver injury in the method; statistical analysis.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** World Journal of Gastroenterology

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**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2021-02-04

**Reviewer chosen by:** Man Liu

**Reviewer accepted review:** 2021-03-23 09:55

**Reviewer performed review:** 2021-03-23 10:12

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS



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I appreciated the effort to clarify some issues and modify the manuscript according to previous comments. No other question to raise.