



PEER-REVIEW REPORT

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Title: Growth hormone cocktail improves hepatopulmonary syndrome secondary to hypopituitarism: A case report and literature review

Reviewer's code: 05832567

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

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Reviewer chosen by: Ya-Juan Ma

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Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Wen J et al. reported a 29-year-old man with hepatopulmonary syndrome related to NAFLD secondary to hypopituitarism. Growth hormone cocktail therapy improved dyspnea and intrapulmonary shunt. The contents are potentially interesting. However, there arose several questions/problems to be solved. Major points 1) Torii N et al. reported a similar case that a young man with hypopituitarism was diagnosed with HPS secondary to steatohepatitis and hormone-replacement improved the pathological and clinical conditions of HPS. So the similarities and differences of these cases should be mentioned in Discussion. Torii N, Ichihara A, Mizuguchi Y, Seki Y, Hashimoto E, Tokushige K. Hormone-replacement Therapy for Hepatopulmonary Syndrome and NASH Associated with Hypopituitarism. *Intern Med* 2018; 57(12): 1741-1745 [PMID: 29910217 PMID: PMC6047999 DOI: 10.2169/internalmedicine.0027-17] 2) The authors showed changes of portal vein diameter measured by ultrasound as evidence of cirrhosis improvement (1.7cm to 1.6cm to 1.5cm). However, the change was so small and was easily influenced by inter-observer error. Hence, the portal vein diameter may not be used to evaluate the therapeutic effect. Minor points 1) Since HBV infection is the most common cause of cirrhosis in China, the result of hepatitis B serologic testing should be shown. 2) Are there any imaging findings or pathological findings of diffuse fatty infiltration in the liver? 3) Figure 2 Panel II is so unclear. Please clarify the titles of y-axes. 4) Table 1: PT, APTT, INR are not Respiratory data. 5) Table 1 and Table 2: Full names of abbreviations should be presented. 6) CARE checklist: It is "Line/Page" instead of "Page/Line".