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## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 70430

Title: Practical insights into chronic management of hepatic Wilson's disease

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05445284 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: China

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

Manuscript submission date: 2021-08-02

**Reviewer chosen by:** AI Technique

Reviewer accepted review: 2021-08-03 00:21

Reviewer performed review: 2021-08-10 00:33

**Review time:** 7 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [ Y] Anonymous [ ] Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This is well written paper, and the review is of great value. However, I have some comments to the paper. 1. WD is one of the neurometabolic disorders which can be successfully treated with pharmacological agents, and the success is reported in even up to 85% of patients. However, some of the patients worsen, some have the persistent symptoms. Moreover, special attention should be paid to those with severe initial neurological manifestations. In treatment section, as for the statement "a neurological worsening at the beginning of anti-copper therapy occurred in over 10% of patients". Currently, the serious side-effects have been reported up to 50% in WD patients, after DPA treatment. Additionality, Zhang J et al (BMC Neurology 2020) has already reported that the neurological deterioration occurs up to 33.8% (not up to 15%). So, some literature review may need to be improved and updated. 2. In treatment section (Zinc salts), the authors stated "Current guidelines recommend against the use of zinc for the treatment of symptomatic Wilson's disease, as it appears to be less effective.... Zinc could be used as a maintenance therapy for asymptomatic patients." Zinc may be used not only as maintenance therapy, also as first-line therapy in neurologic patients (EASL, ESPGHAN). 3. The authors stated "Zinc is usually administered at 150 mg/day divided in 2-3 doses". The dosage of Zinc administration for adults and children should be elaborated separately. For patients under 15 years old, 75 mg/d of zinc was divided over 2-3 doses during a period of 24 hours. For older children and adults, 150 mg/d of zinc was administered over 2-3 doses during 24 hours (Zhang J et al. BMC Neurology ). 4. Some currently studies about neurological WD treatment (e.g. Sodium Dimercaptopropanesulfonate, DMPS) should be mentioned. 5. The Authors said "the main focus of the clinician should always be on obtaining compliance to treatment and



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not on dietary restriction." As most of WD specialist currently say that's more important than drug choice is lifelong treatment, compliance with treatment, and safety assessment and concomitant medications. Therefore, I cannot agree with the options of "the main focus of the clinician should always be on obtaining compliance to treatment and not on dietary restriction". 6.The related psychiatric treatment and mental care is lacking in the paper and these aspects should be mentioned and described.