

PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 72226

Title: Acute liver failure secondary to acute antibody mediated rejection after compatible liver transplant: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05470233

Position: Peer Reviewer

Academic degree: MD, MS

Professional title: Research Scientist, Teacher

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2021-10-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-09 08:14

Reviewer performed review: 2021-10-15 14:46

Review time: 6 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1 This is an interesting and rare case of acute liver failure caused by AMR after liver transplant and requiring retransplantation. Diagnosis and Treatment are appropriate. 2

In clinical works, acute AMR after liver transplantation needs to be differentiated from TCMR. 3 This case underwent ABO compatible liver transplant, but how to explain the ultrasonic result of portal vein thrombus? 4 In the discussion part, in addition to monitoring of DSA, it is also important to comprehensively evaluate the risk factors of AMR after liver transplantation. 5 MELD should be instantiated in the Abbreviations part.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02860897

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-10-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-12 02:46

Reviewer performed review: 2021-10-21 12:36

Review time: 9 Days and 9 Hours

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
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SPECIFIC COMMENTS TO AUTHORS

The liver has traditionally been considered a relatively resistant organ to AMR. Since living-donor transplantation is limited to relatives, the types of human leukocyte antigen (HLA) of the recipient and donor are sometimes different, there is a high risk of rejection in DSA positive cases, so transplantation to DSA-positive cases was once contraindicated.

Some groups consider that desensitization therapy similar to ABO blood group incompatible transplantation is required prior to transplantation if the MFI value is high above 10,000. 1. Please explain why the transplant was performed despite the high MFI value in this case. 2. Have you considered desensitization therapy with rituximab? 3. Which was used as the replacement solution, plasma or albumin?