

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 76972

**Title:** Acute cytomegalovirus hepatitis in an immunocompetent patient

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03478000

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Academic Research, Research Assistant, Research Scientist

**Reviewer's Country/Territory:** Bosnia and Herzegovina

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

**Manuscript submission date:** 2022-08-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-15 20:18

**Reviewer performed review:** 2022-08-25 21:58

**Review time:** 10 Days and 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 Grade E: Do not publish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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

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

## SPECIFIC COMMENTS TO AUTHORS

1. Authors should provide more information about the methods they used to diagnose CMV infection. Are there any data about pp65 antigen ? 2. Was there any measurement of IgG levels ? Has IgG avidity been tested ? 3. There is a clinical, laboratory and serology data about patient. Abdominal imaging of liver and spleen should be also provide.

Reply 1: We had added the sentence in the 2nd paragraph of Discussion.

Quantitative PCR for CMV-DNA is the standard method for the early detection of CMV infections [7], so CMV antigen pp65 and IgG levels were not checked in our patient.

Reply 2: We had added several words in the sentence in the 3rd paragraph of Case report.

but the level of IgG was not checked

Reply 3: We had added the sentence in the 2nd paragraph of Case Report and Figure 1

The abdominal ultrasonography showed the length of splenic long-axis was 11.4 cm, so splenomegaly was impressed (Figure 1).

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**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:** Taiwan

**Manuscript submission date:** 2022-08-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-20 08:38

**Reviewer performed review:** 2022-09-29 14:40

**Review time:** 9 Days and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input 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 checked="" 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 type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ☐ ] Yes [ ☒ ] No

#### **SPECIFIC COMMENTS TO AUTHORS**

In this case report, exclusion of other causes is insufficient such as type E hepatitis. A liver biopsy is essential for a definitive diagnosis especially in healthy subjects. CMV is a resident virus. Therefore, in this paper, the possibility other than CMV cannot be ruled out.

Reply: We had added the sentences in the 1st and 2nd of paragraphs of Discussion.

No any local acute hepatitis E had been reported in Taiwan in the past, so hepatitis E was not checked. Therefore, a liver biopsy was not needed for diagnosis in this patient.

Quantitative PCR for CMV-DNA is the standard method for the early detection of CMV infections [7], so CMV antigen pp65 and IgG levels were not checked in our patient.

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**Peer-review model:** Single blind

**Reviewer's code:** 00069837

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Full Professor

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

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-22 12:24

**Reviewer performed review:** 2022-10-02 12:32

**Review time:** 10 Days

<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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

## SPECIFIC COMMENTS TO AUTHORS

This case reported by Wang et al. is a very interesting topic thoroughly developed by the authors, however several issues will have to be modified before this manuscript can be published. Abstract - The last line should read “....antiviral therapy within 12 days from the onset of symptom” - A short comment regarding the lack of serological and viral markers for E virus should be included in this section. Introduction - The introduction is too short and should describe in more detail what is reported in the literature on this topic. Case Report - The duration of symptoms has not been specified by the authors in this section. - The degree of splenomegaly and its characteristics (homogeneous ?) should be described in the ultrasound findings. Discussion - The authors should specify that CMV in the immunocompetent patient does not need treatment and not that the patient was not treated because of drug toxicity or lack of hepatic decompensation. - The indication for hospitalization in a patient who had only constitutional symptoms where hepatitis did not present any serious risk should be better discussed.

Abstract - The last line should read “....antiviral therapy within 12 days from the onset of symptom”

Reply: We had added the several words at the end of the sentence.

The patient recovered both clinically and serologically with symptomatic management and without antiviral therapy within 12 days **from the onset of symptom**.

A short comment regarding the lack of serological and viral markers for E virus should be included in this section.

Reply: We had added the sentence in the Abstract.

Because there was no any local acute hepatitis E reported in Taiwan, so hepatitis E was not checked.

The introduction is too short and should describe in more detail what is reported in the literature on this topic.

Reply: We had added two sentences in the paragraph of introduction.

Adult infection is transmitted through multiple routes, including oropharyngeal secretions, genital fluids, urine, blood, breast milk, perinatal and occupational exposure [2,3].

CMV disease is defined as evidence of CMV infection with attributable symptoms, categorized as a viral syndrome with fever, malaise, leukopenia and thrombocytopenia or as a tissue-invasive disease [2].

Case Report - The duration of symptoms has not been specified by the authors in this section.

Reply: We had added several words in the sentence.

A 35-year-old male without any pre-existing comorbidity presented with a week-long history of intermittent fever with associated symptoms including chills, malaise, myalgia, headache, mild sore throat, and diarrhea.

The degree of splenomegaly and its characteristics (homogeneous ?) should be described in the ultrasound findings.

Reply: We had added the sentence in the 2nd paragraph of Case Report and Figure 1.

The abdominal ultrasonography showed the length of splenic long-axis was 11.4 cm, so splenomegaly was impressed (Figure 1)



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Discussion - The authors should specify that CMV in the immunocompetent patient does not need treatment and not that the patient was not treated because of drug toxicity or lack of hepatic decompensation.

Reply: We had added the sentence in the 3rd paragraph of Discussion.

Therefore, **antiviral therapy should not be used in immunocompetent patient who had no decompensation of liver, such as this patient.**

The indication for hospitalization in a patient who had only constitutional symptoms where hepatitis did not present any serious risk should be better discussed.

Reply: We had added the sentence in the 3rd paragraph of Case Report.

**The reason of admission is not only intractable symptoms but also the risk of acute hepatitis in progress.**