PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 79987

Title: COVID-19 and hepatic injury: Diversity and risk assessment

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05455317

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor, Senior Scientist

Reviewer's Country/Territory: India

Author's Country/Territory: Egypt

Manuscript submission date: 2022-09-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-13 14:43

Reviewer performed review: 2022-09-21 08:30

Review time: 7 Days and 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? [J11] Yes [J10] No Does this manuscript have important novelty? [J21] Yes [J20] No Does this manuscript have important creativity or innovation? [J31] Yes [J30] No Does this manuscript use reliable research methods?

	[J41] Yes [J40] No
	Are the manuscript-accompanying data and figures authentic?
	[J51] Yes [J50] No
	Does this manuscript make scientifically significant conclusions?
	[J61] Yes [J60] No
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing
	[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority)
	[Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Gist/summary: the authors come up with a comprehensive review on COVID in a Gastroenterology journal, with an attempt on its role in hepatic surgeries.   The revie wis comprehensive and well taken but certain areas needs to be fine-tuned an dpolished.

I have tracked changes in the atatchment for the authors to check.   There is very limited attention given to gastroenterology except viral counts the authors discuss subtly. There must be a specific challenge on GE implications in covid   The Figure 1 is very poor and there is no role of mitochondria that was discussed which the authors may discuss.   Page 2 and 3: Some of the sections of the manuscript coalesces with an article enlisted here: https://www.researchgate.net/publication/358167397_Covid_19_1 Page 6:   or VEGF Alpha?   pl elaborate   The table and URls may have last accessed dates   Scores on a scale of 0-5 with 5 being the best   Language: 3.5 Movelty: 4 scope and relevance: 3 Brevity: 3

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Reviewer's code: 03307766

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Director, Doctor

Reviewer's Country/Territory: Kazakhstan

Author's Country/Territory: Egypt

Manuscript submission date: 2022-09-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-22 09:36

Reviewer performed review: 2022-10-22 10:32

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? [J11] Yes [J10] No Does this manuscript have important novelty? [J21] Yes [J20] No Does this manuscript have important creativity or innovation? [J31] Yes [J30] No Does this manuscript use reliable research methods?

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

DIAGNOSIS - "With an increase in COVID-19 prevalence and mortality rate, as of 14 August 2022, the WHO reported that over 587 million people infected by SARS-COV-2 were confirmed including over 6 million cases of death." Is this information appropriate for this section? Moreover, it is not linked to any reference. - "Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19. Necrosis or apoptosis of lymphocytes causes lymphocytopenia. The severity of COVID-19 is reflected in the degree of lymphocytopenia. In most documented pediatric cases, procalcitonin was often high and linked to coinfection [39]." It is not clear what the authors mean by saying that "Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19." Indeed, CRP and ESR can be altered in several (viral) infections and, actually, a study recently described and discussed the variable alteration of acute

reactants in children with COVID-19 according to the available literature (see: Comparison between SARS-CoV-2 positive and negative pneumonia in children: A retrospective analysis at the beginning of the pandemic.World J Exp Med. 2022 Mar 20;12(2):26-35. doi: 10.5493/wjem.v12.i2.26). RISK FACTORS - "According to a systematic review of 28 research,…" Actually, the authors linked this statement to three references. One or more systematic reviews? Please, clarify. - "Finally, according to preliminary findings on co-infection with COVID-19 and other viruses, the prognosis of patients with SARS-CoV-2 does not appear to be worsened by persistent HBV infection, [33]." Actually, a very recent systematic review is not completely consistent with this sentence (Dig Dis Sci. 2022 Sep 9:1-17. doi: 10.1007/s10620-022-07687-2). GENERAL - I think that the sections and subsections should be numerated. - I also recommend the authors to include 2-3 tables summarizing the main articles used to discuss different pathogenic mechanisms of COVID-19 related liver injury. COVID-19 AND PREGNANCY: SEVERAL MECHANISMS FOR COMPLICATIONS - Should this subsection be merged with the previous one? The focus is liver. Anyway, the absence of section numeration can create some confusion.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 03307766

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Director, Doctor

Reviewer's Country/Territory: Kazakhstan

Author's Country/Territory: Egypt

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Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2022-11-16 06:01

Reviewer performed review: 2022-11-17 11:58

Review time: 1 Day and 5 Hours

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

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SPECIFIC COMMENTS TO AUTHORS

The authors improved the manuscript. However, the discussion on the inflammatory parameters and, in detail, the CRP is a little controversial across different studies and the differences between COVID-19 and non-COVID-19 in children should be expanded a little and consider all the available studies, as commented below (RR)   "With an increase in COVID-19 prevalence and mortality rate, as of 14 August 2022, the WHO reported that over 587 million people infected by SARS-COV-2 were confirmed including over 6 million cases of death." Is this information appropriate for this section? Moreover, it is not linked to any reference. Response: Based on the raised, we added the reference in the manuscript; additionally, the raped diagnosis means better outcomes; therefore, we are shedding the light on the challenge facing the diagnosis process to provide a rapid and accurate test.   RR- Accepted.   "Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19. Necrosis or apoptosis of lymphocytes causes lymphocytopenia. The severity of COVID-19 is reflected in the degree of lymphocytopenia. In most documented pediatric cases, procalcitonin was often high and linked to coinfection [39]."   It is not clear what the authors mean by saying that Response: We removed the misunderstanding and rewrote the paragraph by adding several studies to confirm the idea.   RR- This paragraph sounds better now. As regards, C-reactive protein some authors have recently reported that pediatric COVID-19 pneumonia is even higher than non-COVID-19 pneumonia, which further support the more accentuated inflammatory reaction caused by this virus, even in children who develop milder forms than adults, in general (as discussed in "Comparison between SARS-CoV-2 positive and negative pneumonia in children: A retrospective analysis at the beginning of the pandemic"). However, another study showed an

opposite result ("Comparison of pneumonia features in children caused by SARS-CoV-2 and other viral respiratory pathogens"). These conflicting points should be further discussed by taking advantage of this available literature.   RISK FACTORS – "According to a systematic review of 28 research,…" Actually, the authors linked this statement to three references. One or more systematic reviews? Please, clarify. Response: we are using more than 28 systematic reviews and original research to collect the data related to this point. Furthermore, we try to remove misunderstandings and delete these words.   RR- Accepted.   - "Finally, according to preliminary findings on co-infection with COVID-19 and other viruses, the prognosis of patients with SARS-CoV-2 does not appear to be worsened by persistent HBV infection, [33]." Actually, a very recent systematic review is not completely consistent with this sentence (Dig Dis Sci. 2022 Sep 9:1-17. doi: 10.1007/s10620-022-07687-2).   Response: Based on the raised comment, it was amended in the revised manuscript.   RR- Accepted.