

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 80438

**Title:** Hospitalizations for Alcoholic Liver Disease During the COVID-19 Pandemic Increased More for Women, Especially Young Women, than Men

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

**Peer-review model:** Single blind

**Reviewer's code:** 03668558

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Consultant Physician-Scientist, Doctor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-11-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-29 17:09

**Reviewer performed review:** 2022-11-29 18:03

**Review time:** 1 Hour

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 Grade E: Do not publish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

<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This was an interesting paper which explored trends of alcoholic liver disease before and during COVID-19 pandemic in the US. The paper focused on gender difference among patients who were discharged with diagnosis of alcoholic liver disease. The main finding of this study was that young women had the highest increase of hospitalization (when compared with older women and men) after the COVID-19 outbreak. The relatively large number of patients included in this retrospective study represent in my opinion a strength. Further, the paper is not redundant and easy to understand. In my experience from Italy, I visited many young women with active alcohol intake during COVID-19 pandemic, therefore my personal view is in accordance with data reported in this study. However, I have some comments to the Authors. - It is not so clear how many centers were involved or from how many centers data come from. - The authors hypothesized throughout the discussion many factors that could be associated with the increased hospitalizations among young women. I agree with these hypotheses. However, some comments may be valuable. First, patients with alcoholic liver disease may be admitted for causes that are different from active drinking (e.g., spontaneous bacterial peritonitis, HCC, AKI etc). Therefore, the assumption that during pandemic young women have an incremental rate of alcohol intake (and therefore alcohol decompensation) remains to be ascertained. It would be helpful to understand if some codes were used as exclusion criteria. Second, during COVID-19 waves people who usually received care from General Practitioners may have been referred to Hospitals in view of GP unavailability. Indeed, length of stay was different across two eras. Similarly, older men may have a different behavior, deciding a sort of self-care, because of fear of hospitalization and



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COVID-19 infection. It seems very important to know severity of liver disease at Hospitalization in order to confirm this hypothesis - Social stigma is a very important issue among patients with alcohol related liver disease, especially among women. Did the Authors believe that, also before COVID-19, there was a trend toward an increase of hospitalization for women with alcohol. In other words, are we sure that COVID-19 pandemic changed the scenario? Otherwise, did the COVID-19 pandemic happen during an ongoing trend? - The length of stay was very short (96 h). It seems that these patients did not have a decompensated cirrhosis or ACLF, but it can depend also from the wide availability of post-acute facilities. A comment would be valuable.

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**Position:** Associate Editor

**Academic degree:** MD

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

**Author's Country/Territory:** United States

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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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

## SPECIFIC COMMENTS TO AUTHORS

This study on ALD is very interesting and has important implications for ALD prevention during the COVID-19 epidemic. However, I would like to make the following comments to the investigators. 1. There are errors in some of the data: in the "Results" section of the first three paragraphs, the percentage of increase or decrease is incorrectly calculated, and the total number of ALD admissions during the COVID-19 epidemic is incorrectly calculated, and the total number of PCs and COVs in Table 1 needs to be corrected. The data statistics need to be carefully verified. 2. Statistical methods: Age is a continuous variable, and it would be better to use mean  $\pm$  standard deviation. 3. There may be overlap between the "diagnosis names". for example, "alcoholic cirrhosis of liver" and "sclerosis of liver". 4. With concerning about ALD during the COVID-19 epidemic, some information should be investigated such as the type, frequency, and amount of alcohol intake and, if possible, the mental stress scale assessment.