

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 34604

**Title:** Acquired amegakaryocytic thrombocytopenia associated with hepatitis C virus infection: A case report

**Reviewer's code:** 00722050

**Reviewer's country:** Canada

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-06-03

**Date reviewed:** 2017-06-03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors report the first case of a patient with hepatitis C virus (HCV) infection and idiopathic thrombocytopenic purpura (ITP) who later developed acquired amegakaryocytic thrombocytopenia (AAMT) with autoantibodies to thrombopoietin (TPO) receptor (c-Mpl). She was diagnosed as AAMT. In addition, autoantibodies to c-Mpl were detected in her serum. Autoantibodies to c-Mpl are one of the causes of AAMT by inhibiting TPO function. HCV infection might also induce autoantibodies to c-Mpl and the authors conclude that it results in the development of AAMT. This mechanism may be one of the causes of thrombocytopenia in patients with HCV infection. The manuscript is interesting but needs some more work on it. First, I would be interested to see the mechanism proposed in a 3D fashion or in a schema illustrating the proposed pathogenesis. Please remember that Ubiquitination at Lys-553 and Lys-573 targets MPL for degradation by both the lysosomal and proteasomal pathways. The E3 ubiquitin-protein ligase CBL significantly contributes to this ubiquitination. Second, the



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gene should be sequenced to identify genetic alterations. Third, I am puzzled with the four different fashions of the liver carcinoma. It needs some clarification, a table illustrating the combined features and a subject review on this kind of combination. Finally, I did not find a mention of the thyroid examination at the autopsy. This needs to be addressed, because it is a major issue!

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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 34604

**Title:** Acquired amegakaryocytic thrombocytopenia associated with hepatitis C virus infection: A case report

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**Science editor:** Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
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		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This case is interesting, but the previous diagnosis of ITP is disturbing. Anti thrombopoietin receptor antibodies are well described in this entity, as the authors state, although it is possible that ITP was in fact a misdiagnosis, given the lack of specific changes in the spleen at the time of autopsy. In any case, the title may be misleading: the possible diagnosis of ITP should also appear. The discussion is sound

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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 34604

**Title:** Acquired amegakaryocytic thrombocytopenia associated with hepatitis C virus infection: A case report

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<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Ichimata et al, describe a case report of acquired amegakaryocytic thrombocytopenia (AAMT) associated with hepatitis C virus infection. The patient developed first an idiopathic thrombocytopenic purpura that later progressed to an AAMT. After searching in the literature, there are no similar reports. The case record is correctly described and documented.