

## PEER-REVIEW REPORT

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

**Manuscript NO:** 84620

**Title:** Kidney disease in chronic liver disease: Does sex matter?

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

**Peer-review model:** Single blind

**Reviewer's code:** 05382551

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2023-03-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-03-23 09:35

**Reviewer performed review:** 2023-03-23 09:59

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 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

The article is within the scope of the magazine, and deals with an interesting topic. It is well written. The reading is fluent. However, it cannot be accepted under the current conditions: 1) The article is not structured. It should be organized in the standard way: introduction, materials, methods, results, discussion, and conclusions. 2) It would be necessary to add a state of the art 3) A discussion section is especially important in which the work presented is compared with other similar ones and the advances and limitations are indicated. 4) The introduction should be improved to explain what are the objectives of the work presented.

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**Reviewer's code:** 03755068

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Consultant Physician-Scientist

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

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

**Manuscript submission date:** 2023-03-21

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-23 08:35

**Reviewer performed review:** 2023-04-23 14:27

**Review time:** 5 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Re-review</b>	<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 review paper regarding the interplay between gender, liver disease and kidney disease. The paper summarized the most important findings regarding kidney dysfunction in patients with liver disease highlighting the difference between males and females, according to diagnosis and prognosis. In my opinion, the paper is easy to understand and provides current knowledge on this topic, especially for non-expert readers. The paper did not add novelties in the field, however. Major comments - Serum creatinine is less accurate in women for diagnosis of acute kidney injury, especially in the setting of decompensated cirrhosis where patients are sarcopenic. Newly released guidelines consider an increase of baseline serum creatinine > 30% irrespective of a fixed threshold to diagnose HRS-AKI stage 1. Do the Authors believe that this new classification will rebalance this issue between males and females? -

Similarly, the lower response to therapy in females can be due to the severity of AKI-HRS (at similar p-creatinine values). - I think that a brief discussion about different methods for GFR evaluation beyond biomarkers may be of help. - I think that AKI (pre, renal and post-renal) on CKD (e.g., diabetes) are commonly seen than in

the past in patients with cirrhosis. Have data been published regarding the gender role on this topic? - I agree with the Authors regarding the low response rate in female patients with AKI-HRS, regardless therapies. I agree with them regarding the indication to CRRT. Nevertheless, this indication is linked with LT chance only in cases with AKI-HRS. Patients with NTA (e.g., after iodinate contrast) may have a probability of recovery which is not linked with liver disease. - I do not see table 1. Minor comments -Figure 1. Post-renal causes are not mentioned. Moreover, the Figure is quite confusing since it seems that AKI, AKD and CKD represent different stages of the same disease (according to the time line at the bottom). I suggest to modify this Figure -

Figure 2. HRS-AKI is diagnosed in patients with cirrhosis AND ascites. Therefore, this point should be highlighted. - I think that viral hepatitis associated renal dysfunction may be enumerated among CKD and not AKI.

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

**Manuscript submission date:** 2023-03-21

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-05-04 04:52

**Reviewer performed review:** 2023-05-04 04:56

**Review time:** 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
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<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



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

the Authors have fairly answered my questions

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

The paper can be accepted in current form.