

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6445

**Title:** Pharmacotherapy of acute alcoholic hepatitis in clinical practice

**Reviewer code:** 00052899

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-10-21 17:19

**Date reviewed:** 2013-11-13 23:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

In this present study, Dr Abenavoli. Let al reviewed the advances of current treatment for alcoholic hepatitis. Overall, the paper is well organized with high spirit for clinical readers. However, some minor revision should be incorporated into the manuscript. Minor Comments: 1. In the first sentence, the authors present that "AH is an acute form of alcoholic induced liver disease with a poor prognosis...". However, this sentence has misunderstanding that all the AH has a poor prognosis. In fact, only severe form of AH is intractable with poor prognosis. Thus this sentence should be changed. 2. In the second part "diagnosis and prognosis", the authors really did not present the diagnosis criteria and show the possible prognosis. In fact, they just present the predicating scores about the prognosis of AH. Then the sub-title should be modified accordingly. 3. Nutrition and liver transplantation should not included in the third part "pharmacotherapy". These two parts should be presented separately. 4. In table 1, the author should present the exact models on how to calculate the scores. Furthermore, the overall sensitivity and specificity of each score should be shown.

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

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**Title:** Pharmacotherapy of acute alcoholic hepatitis in clinical practice

**Reviewer code:** 00000456

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-10-21 17:19

**Date reviewed:** 2013-12-11 05:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

Manuscript 6445 represents an updated review focusing management of acute alcoholic hepatitis. This submission is produced by International Researchers led by a strongly qualified Senior Author. I would suggest only editorial changes aimed at improving the clarity of the manuscript and reinforcing the clinical impact of the message transmitted. SPECIFIC COMMENTS MAJOR A certain degree of confusions often arises in clinical practice in dissecting acute-on-chronic liver damage. Accordingly "acute alcoholic hepatitis" may be a misleading definition. May the Authors shortly comment on this ? How can a clinician discriminate reversible "acute" liver injury from decompensated alcoholic cirrhosis in the individual patient ? Alcoholic hepatitis may mimic biliary disease. May the Authors shortly comment on this differential diagnosis ? A short paragraph on the pathogenesis of alcoholic liver damage (Voican CS, Perlemuter G, Naveau S. Mechanisms of the inflammatory reaction implicated in alcoholic hepatitis: 2011 update. Clin Res Hepatol Gastroenterol. 2011 Jun;35(6-7):465-74.) needs to be added to highlight the physiopathological basis of treatment. Moreover, the role of drinking habits, gender, ethnicity, concurrent metabolic disorders such as diabetes and obesity as well as evidence for strong similarities between alcoholic and nonalcoholic liver disease need to be shortly reviewed (Bellentani S, Saccoccio G, Costa G, Tiribelli C, Manenti F, Sodde M, Saveria Crocè L, Sasso F, Pozzato G, Cristianini G, Brandi G. Drinking habits as cofactors of risk for alcohol induced liver damage. The Dionysos Study Group. Gut. 1997;41:845-50. V?lzke H. Multicausality in fatty liver disease: is there a rationale to distinguish between alcoholic and non-alcoholic origin? World J Gastroenterol. 2012;18:3492-501. Loomba R, Abraham M, Unalp A, Wilson L, Lavine J, Doo E, Bass NM; Nonalcoholic Steatohepatitis Clinical Research Network. Association between diabetes, family history of diabetes, and risk of nonalcoholic steatohepatitis and

fibrosis. Hepatology. 2012;56:943-51. Naveau S, Giraud V, Borotto E, Aubert A, Capron F, Chaput JC. Excess weight risk factor for alcoholic liver disease. Hepatology. 1997 Jan;25(1):108-11.). Along the same line, correctly the Authors have pointed out non-hepatic consequences of a (binge) alcohol consumption. However, again, these patients are usually chronic alcohol consumers who are therefore exposed to several metabolic and vascular complications (P Loria, G Marchesini, F Nascimbeni, S Ballestri. Cardiovascular risk, lipidemic phenotype and steatosis. A comparative analysis of cirrhotic and non-cirrhotic liver disease due to varying etiology- Atherosclerosis, 2014 -). Mention is made to Maddrey discriminant function. This test is based on prothrombin time (sec), lab control prothrombin time (sec). However, modern laboratories express this as INR and seconds are no longer indicated. I think clinical hepatologists will appreciate comments and practical suggestions on this topic. MINOR Introduction, Page 3 (line 2)- is an acute form of an alcohol induced. -?form of alcohol induced. Same page, 2nd paragraph, line 4 and,, therefore-? and, therefore. Page 3. Add references supporting the effects of alcohol intoxication on GI motor function. Are alcoholic patients prone to developing colon cancer ? (Bardou M, Montembault S, Giraud V, Balian A, Borotto E, Houdayer C, Capron F, Chaput JC, Naveau S. Excessive alcohol consumption favours high risk polyp or colorectal cancer occurrence among patients with adenomas: a case control study. Gut. 2002;50:38-42. )