ESPS PEER REVIEW REPORT

Name of journal: World Journal of Nephrology
ESPS manuscript NO: 10240
Title: Preeclampsia from a renal point of view
Reviewer code: 00397616
Science editor: Xiu-Xia Song
Date sent for review: 2014-03-21 11:28
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for
[ ] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
[ ] Grade D: Fair	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS
Good work.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Nephrology
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Title: Preeclampsia from a renal point of view
Reviewer code: 00729478
Science editor: Xiu-Xia Song
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
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COMMENTS TO AUTHORS

Comments to the author manuscript ESPS Manuscript NO: 10240 entitled :Preeclampsia from a renal point of view ,Division of Nephrology and Hypertension, Department of Medicine, Hannover Medical School General: Interesting topic, well presented. Flow of language: acceptable Title: suitable Text structure and content: both are adequate The reference list: most authors with important research in Preeclampsia   are included.

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COMMENTS TO AUTHORS

Introduction: In the Introduction section, in the absence of other specialities such as obstetricians among the authors, the statement of the aims of this review is very ambitious - to review "all prevailing animal models for preeclampsia and all currently suggested markers for early detection of the disease are presented" and to "give treatment strategies for preeclampsia and discuss controversial new methods for therapy refractory preeclampsia". The authors claim that they are the first to review this. This might be correct, but a modest statement including a phrase like "..likely the first.." would be appropriate.   At the end of "Kidney function in pregnancy" the authors state that "Therefore, the best method to determine the GFR in pregnancy is a clearance obtained from collected urine".   … clearance of what ..?   In the section "Proteinuria in pregnancy" the authors account for the UPC-ratio and cut-off values used. Have these cut-off values been validated for pregnant women and may a particular cut-off value be used throughout the pregnancy?   At page 5, preeclampsia is defined as ".. hypertension associated with proteinuria and/or general oedema after the 20th week of gestation". The combination pregnancy induced hypertension and proteinuria is the criterion for preeclampsia and pregnancy induced and oedema is not. The authors should define preeclampsia properly, as done in e.g. Gifford RW, August PA, Cunningham G, Green LA, Lindheimer MD, McNellis D, et al. Report of the National High Blood Pressure Education Program Working Group on High Blood Pressure in Pregnancy. Am J Obstet Gynecol 2000;183:S1–22. Page 5: "The severity of proteinuria does not correlate with the severity of preeclampsia and can even be

absent in 10 percent of the cases (31-33)". The authors need to explain this better because the current definition of preeclampsia involves the presence of proteinuria and thus proteinuria cannot be absent in preeclampsia. Again, the authors need to define preeclampsia properly. Page 6: "The incidence of postpartum preeclampsia is 5.7%, with 15.9% developing eclampsia (36). The incidence of 5.7% is likely too high. I could not find the proportion of 5.7% in reference no. 36. What is the denomination in the given incidence? .... all pregnancies in a population or all preeclamptic women? The proportion of eclampsia if far below 15.9% of all pregnancies or even of unselected preeclamptic pregnancies. Perhaps the proportions were calculated based on numbers in reference no. 36 from a selected group of preeclamptic patients. Page 6: "Proteinuria may occur less often than in preeclampsia during pregnancy (36)". Again, preeclampsia always involves proteinuria. At page 7 several biomarkers in preeclampsia are accounted for. Uric acid is a well-known parameter in management of preeclampsia and could have been more extensively accounted for. Page 12, Table 1: Where is the table taken from? Is the table the authors own? Similar exist tables in the literature, e.g. in Gifford RW mentioned above. I suppose that Figure 1 (page 11) the authors' own? Page 12, Treatment of preeclampsia: What do the authors mean by "A mild preeclampsia at or beyond 37 weeks should be delivered". ..delivered vaginally? …induced? The authors should provide recent references supporting the statements. It is unclear whether references no. 90 and 91 below support this statement. The statement "Prior to induction corticosteroids should be given to accelerate lung maturity" does only apply for delivery within a certain gestational age range according to obstetric clinical guidelines. This statement is also unsupported by references. Conclusion: The suggestion of proteinuria as a screening parameter for preeclampsia should, as any screening tool, ideally be based on precision parameters such as sensitivity and specificity. The word-wide use of proteinuria (dip-stick) and blood pressure throughout the pregnancy has high sensitivi

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COMMENTS TO AUTHORS

In the review titled: "Preeclampsia from a renal point of view-Insides into disease models, biomarkers and therapy", Janina Müller-Deile and Mario Schiffer reviewed the changes in kidney function during pregnancy and differential diagnostic methods of proteinuria in preeclampsia. They also discussed the possible disease which can cause proteinuria during pregnancy such as nephrotic syndrome, renal disease, lupus nephtitis, and diabetic nephropathy. They summarized different pathophysiological theories of preeclampsia with special focus on the renal facets and the relationship between proteinuria and preecalmpsia. They concluded the animal models of preeclampsia and give overview of different biomarkers to predict or have a prognostic value in preeclampsia. In addition, they also summarized treatment options for preeclampsia and specifically point out the option of plasmapheresis. Preeclampsia is a worldwide pregnancy related problem without cure methods but clinically terminate the pregnancy. It induces both maternal and fetal/neonatal complications. It is a very significant topic. In this manuscript, the authors reviewed the biomarkers to predict the occurrence or prognosis of preeclampsia in a very detail levle. A summarized figure of those biomarkers clearly demonstrated their relation to pregnancy and preeclampsia. The major points of the manuscript are clear and acceptable. It will help both basic scientific research and clinical managements of preeclampsia. Talble and figure are very clear to understand.   Major issues: * Both authors are nephrologists, in this manuscript, they are focused on the research point or theoretical points to preeclampsia. Pertaining to clinical treatment, the

limited cases of plasmapheresis to preeclampsia is concerned. We should encourage this kind of study in animal models prior to practice in human clinic. For this concerning, the reviewer suggests author conclude this treatment option in a research way instead of a clinical practical way. * In treatment of preeclampsia, the description of diuretics using is too week. Reviewer suggest strengthen the description of diuretics use. For example, the dosage, time, indications, especially how to use diuretics when whole body edema, pulmonary edema, brain edema complicated with preeclampsia and how to monitor blood volume, hematocrit, urine, etc.