

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 85791

Title: Blood purification for treatment of non-liquefied multiple liver abscesses and improvement of T-cell function: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04611317

Position: Peer Reviewer

Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Chief Physician

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2023-05-31

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-22 04:00

Reviewer performed review: 2023-07-03 04:56

Review time: 11 Days

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 Grade E: Do not publish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
Creativity or innovation 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 creativity or innovation

Scientific significance of the conclusion in 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 scientific significance
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
Peer-reviewer statements	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 title should not use the abbreviation. The abstract needed to be modified so that it was too long. In the core tip and the body texts, the abbreviations should be used after the full names. The authors mention Figures A, B, and C, but there is only Figure 1. Please check again. These sentences "The patient who received broad-spectrum antibiotics within 48 hours of hospital admission did not demonstrate improvement. However, a significant improvement was observed during a five-day period of CRRT in conjunction with HP treatment. After a mere 48 hours of concurrent CRRT and HP intervention, the patient's infection was effectively controlled. The white blood cells were reduced from 13.2 to 4.0 (Figure A), and PCT levels decreased from 112.03 to 8.43 and continued to decrease with treatment (Figure B). Significant decreases in inflammatory parameters were observed, with interleukin-6 levels decreasing from 525.2 to 82.2 (Figure C). We needed scientific evidence because the effects of antibiotics may last for 5–10 days. The reference format is not correct. The English grammar needed to be substantially polished.

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Reviewer's code: 02845080

Position: Peer Reviewer

Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-05-31

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-09 12:12

Reviewer performed review: 2023-07-09 12:43

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
Novelty 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 novelty
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

I read with interest the case report of a female patient with AKI and septic shock secondary to non liquefied PLA that was not amenable for percutaneous drainage. CRRT seems to have resolved AKI and helped restore CD8 T cell function and patient recovered well. The case is in general well written and details given are relevant. The graphs and figures are self explanatory of the patient trajectory over the hospital stay and the citations mentioned are relevant and current. I have minor comments to authors for them to consider 1. The "liver pain" should be replaced with right upper abdominal pain 2. Oral amoxicillin to control blood sugar is an error in past history. Correct it. 3. Unconscious patient generally cannot be irritable. So rephrase it. May have involuntary movements while in coma. 4. What is negative mobile turbid sounds? I am unclear what it means. 5. No Babinski sign (-) is error. Babinski sign negative. 6. The patient seems to be in septic shock and organ dysfunction - but the lactate is normal. Please explain why it can be so? 7. It sounds an overkill to me to give empirical imipenem and linezolid. Generally if cultures are pending, one can give empirical antibiotics based on local antibiogram. Is the choice based on local policy and is it supported by local data?



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Please give details and rationalise this combination. 8. What liver protective drugs were given to patient? In general best medicine for liver is not to give any drug! 9. Submit a CT scan image and also an ultrasound image if you have those available. In image mark arrows to show pathology and describe how one can comment if abscess is solid or liquid based on the images. This is important feature. 10. Please tell what "gram negative bacilli" were isolated. Name of bacteria? Its sensitivity pattern. 11. Based on the report, we cannot conclude that patient improved only because of CRRT, but she improved due to combination of entire care and treatment that you gave. Multimodal or bundle of care was what that improved the patient and not single element of care. PMID: 26033361 covers the care bundle philosophy. 12. Discussion section - if disease is not controlled death rate 30% is wrong - if disease is uncontrolled death rate would be 100%. So rephrase this as despite good care, mortality remains high. But this is about 11-14% and not 30%. PMID: 27733320 Thanks

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-05-31

Reviewer chosen by: Cong Lin

Reviewer accepted review: 2023-08-07 02:55

Reviewer performed review: 2023-08-07 07:31

Review time: 4 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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

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