

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37348

**Title:** Potential triggering factors of acute liver failure as a first manifestation of autoimmune hepatitis - a single center experience of 52 adult patients

**Reviewer's code:** 00181136

**Reviewer's country:** Iran

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2017-12-06

**Date reviewed:** 2017-12-19

**Review time:** 12 Days

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 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The study is interesting, however, authors should address these points: 1. How many patients with acute liver failure did authors have during the study period. 2. How did authors exclude other causes of acute liver failure? Which viral markers were tested? 3. Did authors check for Wilson disease as it may be a rare cause of ALF too? 4. EBV, HEV, and CMV can be causes of ALF themselves. How did authors differentiate them with AIH? 5. How many patients received steroids? and the dosage? 6. Did authors use azathioprine in these patients? 7. Data have been duplicated in the text and table. This should be revised.

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**Manuscript NO:** 37348

**Title:** Potential triggering factors of acute liver failure as a first manifestation of autoimmune hepatitis - a single center experience of 52 adult patients

**Reviewer's code:** 01548565

**Reviewer's country:** China

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-01-08

**Date reviewed:** 2018-01-11

**Review time:** 3 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Previously study indicated that approximately 20-30 % of the patients reveal an acute presentation which may be induced by a triggering agent The potential triggering factors that may lead to ALF as the initial presentation of AIH is not well discussed. In this study, the results suggested that drugs, viral infections, and surgery in general anesthesia may trigger ALF as the initial presentation of AIH. Furthermore, advanced age and high MELD-score may be potential risk factors for lethal outcome. Consequently, the clinician would be well-advised to accurately document these underlying conditions. Increase of age, MELD-score, and creatinine levels may be risk factors for lethal outcome or need for urgent liver transplantation, while higher levels of transaminases come along with improved spontaneous recovery.

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**Manuscript NO:** 37348

**Title:** Potential triggering factors of acute liver failure as a first manifestation of autoimmune hepatitis - a single center experience of 52 adult patients

**Reviewer's code:** 03567380

**Reviewer's country:** United States

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-01-08

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**Review time:** 3 Days

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 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The report by Buechter et al. describes patients suffering from ALF due to AIH in a single medical center over the period of twelve years. The authors find that pharmaceutical use, infections and having surgeries requiring anesthesia could trigger ALF in these patients. The strengths of this study lie in the careful selection of patients over this time period, the use the AASLD criteria for ALF diagnosis and the soundness of their conclusions due to use of multiple antibodies and parameters. That being said, there are a couple of areas the authors should address to improve this manuscript. Major: 1) In the discussion the authors state that higher ALT values are associated with improved spontaneous recovery (which the authors show in their data as well). This should be cited and/or explained in greater detail as it is difficult to understand why a greater degree of liver injury is associated with improved spontaneous recovery. 2)



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Hepatic encephalopathy was part of the inclusion criteria for the patients included in these studies. How did the grade of HE influence outcomes/HLA profile/antibody profile/etc. In addition, did the cause of ALF lead to more overt/severe hepatic encephalopathy? If there is no correlation, the discussion should still include a statement to address these points. Minor: 1) The abbreviation LKM was not defined on first use (in abstract). 2) The formatting for numbers over 1000 should remove the apostrophe.