



## PEER-REVIEW REPORT

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

**Manuscript NO:** 73201

**Title:** Growth hormone ameliorates hepatopulmonary syndrome and nonalcoholic steatohepatitis secondary to hypopituitarism in children

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

**Peer-review model:** Single blind

**Reviewer's code:** 02959015

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

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

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-11-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-25 08:03

**Reviewer performed review:** 2021-11-26 11:54

**Review time:** 1 Day and 3 Hours

<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 Grade E: Do not publish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 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
<b>Conclusion</b>	<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
<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
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### **SPECIFIC COMMENTS TO AUTHORS**

The authors describe a case of a 13-year-old female subject who, six years from surgery for craniopharyngioma (CP) not followed by hormone replacement therapy, developed a post-NASH liver cirrhosis. 1) The authors should better highlight that NAFLD can arise in craniopharyngioma (CP) even before surgery, and it is likely that in the case described it was present at the time of surgery and then it worsened after resection of the CP in the absence of replacement therapy 2) It is necessary that they further underline how the literature shows that hormone replacement therapy is necessary even after liver transplantation. 3) Results: Why HCV has not been tested? 4) Table 1: please report normal values 5) In Figure 2 there are no dilated biliary tracts but the left branch of the portal vein so please remove or replace 6) It would be appropriate for the authors to report the MELD value and in which Child Pugh Class was the patient 7)

Discussion: In the discussion the authors state that in the past it was believed that NFLD is associated with insulin resistance then in the next paragraph they write "However, in recent years, it has been found that more and more endocrine diseases, such as polycystic ovary syndrome, hypothalamic hypopituitarism, hypothyroidism, and acanthosis nigricans, can also lead to NAFLD". The two concepts give the impression of being in contradiction, the authors should better define this concept since most of the diseases they cite (polycystic ovary syndrome, acanthosis nigricans) are related to NAFLD precisely because of insulin resistance.



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

**Peer-review model:** Single blind

**Reviewer's code:** 05226306

**Position:** Editorial Board

**Academic degree:** FACS, MBBS, MCh, MD, MNAMS

**Professional title:** Additional Professor

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

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-11-13

**Reviewer chosen by:** Xin Liu (Online Science Editor)

**Reviewer accepted review:** 2022-01-20 10:21

**Reviewer performed review:** 2022-01-20 12:33

**Review time:** 2 Hours

<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 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 type="checkbox"/> Yes <input checked="" 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
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### **SPECIFIC COMMENTS TO AUTHORS**

1. Introduction to be elaborate detailing the background and also include the relevant reference citations. 2. What were the anthropometrics (height, weight) with respect to age standards? 3. Is the statement valid -"The patient had no history of high blood pressure, diabetes, heart disease, or tumor". The child had undergone Craniopharyngioma surgery before. 4. The lab results can be better presented in a table format 5. Relevant details of hormones given to be included 6. Is the pt O2 dependent ? ".....currently fluctuates around 92% for low flow nasal catheter oxygen." 7. What was the protocol for Growth hormone administration (dose, frequency)? 8. What are the available options for NAFLD ? Are options like Life style modification / early screening to identify transaminase > 40 valid in post craniopharyngioma surgery? 9. The point of early identification / intervention is crucial and can be highlighted 10. What are the controversies in Growth Hormone therapy?



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**Peer-review model:** Single blind

**Reviewer's code:** 03262105

**Position:** Peer Reviewer

**Academic degree:** FRACP, MD

**Professional title:** Professor

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

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-11-13

**Reviewer chosen by:** Xin Liu (Online Science Editor)

**Reviewer accepted review:** 2022-01-14 06:26

**Reviewer performed review:** 2022-01-27 05:59

**Review time:** 12 Days and 23 Hours

<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 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
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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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 name of the manuscript shall include knowledge about craniopharyngioma diagnosis and surgery. English mistakes shall be corrected. Such as A 13 years and six months girl went craniopharyngioma surgery 6 years, 1year later, she exhibited abdominal distension... A 13 years and six months girl underwent craniopharyngioma surgery 6 years ago. One year later, she exhibited abdominal distension .... Craniopharyngioma surgery is easy to cause hypopituitarism Craniopharyngioma frequently causes hypopituitarism.