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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81745

Title: Etiology analysis for term newborns with severe hyperbilirubinemia in eastern Guangdong of China

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03795498
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Taiwan
Author's Country/Territory: China

Manuscript submission date: 2022-11-23
Reviewer chosen by: Dong-Mei Wang
Reviewer accepted review: 2022-12-30 03:19
Reviewer performed review: 2023-01-09 03:38
Review time: 10 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty

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Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It is a good idea to find the etiology of hyperbilirubinemia and to reduce the incidence of severe hyperbilirubinemia and its serious complications. The sample size of 1602 term newborns with hyperbilirubinemia is large. The results show that, for the 580 neonates with severe hyperbilirubinemia, neonatal hemolysis accounted for 15.17%, breast milk jaundice accounted for 12.09%, infection accounted for 10.17%, G6PD deficiency accounted for 9.14%, the coexistence of multiple etiologies accounted for 6.55% and unknown etiology accounted for 41.72%. The authors' comment for the unknown etiology is too simple. It will be better if the authors give more detailed explanation for the high percentage of unknown etiology.

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Reviewer's code: 06344536
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Malaysia
Author's Country/Territory: China

Manuscript submission date: 2022-11-23

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-01-18 07:02

Reviewer performed review: 2023-01-27 08:33

Review time: 9 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, Thank you for the submission. Below are my comments: 1. Title and abstract: The title is appropriate. The abstract will benefit if it can be more concise, only main findings need to be highlighted and conclusion can be further summarised. 2. Introduction: As G6PD is highly prevalent among the population, this information need to be highlighted. Additionally, the different G6PD mutations common to this populations and the UGT1A1 mutation relevant also need to be introduce here. 3. Methodology: Need to be clearer- i.e. as the data was mainly retrospective for the etiology section, this i believe did not require written informed consent. The informed consent is for the prospective data on the mutation analysis, which I believe the case-do clarify this. 4. Results: Figure 1: the figure is not correct, as the mini pie chart is illustrated to be from the F rather than the E section. Additionally, Table 1: "Total" item is not required or if want to be included please separate it from the items. For the

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description in section 2.1, please emphasize that the clinical characteristics are pertaining to the 580 newborns with severe hyperbilirubinaemia and not the 1602 newborns. 5. Discussion and conclusion: the first 2 paragraphs of the discussion section is totally not relevant to this section. In this section, the authors might want to discuss why and how the results can change the management of hyperbilirubinaemia. 6. General Structure and English: Although this article had underwent an English editing based on certification, I still found some grammatical and syntax mistakes in the text. Some of the sentences require restructuring and rewriting. Hope the comments will be helpful to improve the manuscript. Good luck.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81745

Title: Etiology analysis for term newborns with severe hyperbilirubinemia in eastern Guangdong of China

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Reviewer's code: 03795498

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-11-23

Reviewer chosen by: Han Zhang

Reviewer accepted review: 2023-02-12 08:05

Reviewer performed review: 2023-02-12 08:45

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The last paragraph of Discussion, "The causes for 41.2% of severe hyperbilirubinemia cases were unknown in our study. Previous studies have shown that mutations of other genes, such as heme oxygenase-1 (HO-1), biliverdin reductase A (BLVRA), and solute carrier organic anion transporter family member 1B1 (SLCO1B1) could also affect the serum bilirubin [26]." Should [26] be [25]?