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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38709

Title: Polycystic kidney and hepatic disease 1 gene mutations in von Meyenburg complexes: Case report

Reviewer's code: 03477616

Reviewer's country: Argentina

Science editor: Li-Jun Cui

Date sent for review: 2018-03-14

Date reviewed: 2018-04-01

Review time: 17 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[Y] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[ ] No

SPECIFIC COMMENTS TO AUTHORS

I recommend to write numbers with letters when they are less than 10, for example, to write "two" instead of "2" In methods it says that samples were extracted from 11 individuals. In results, it says that family members studied were 10. It is not clear.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38709

Title: Polycystic kidney and hepatic disease 1 gene mutations in von Meyenburg complexes: Case report

Reviewer's code: 02876552

Reviewer's country: Australia

Science editor: Li-Jun Cui

Date sent for review: 2018-04-09

Date reviewed: 2018-04-09

Review time: 11 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection	Peer-Review: [Y] Anonymous [ ] Onymous Peer-reviewer's expertise on the topic of the manuscript: [ ] Advanced [ ] General [ ] No expertise Conflicts-of-Interest: [ ] Yes [ ] No

SPECIFIC COMMENTS TO AUTHORS

There is limited data on the association of PKHD1 with VMC (e.g. Courcet et al. (Am J Med Genetics, 2015). Suggestions: - There are some minor grammatical errors - With regard to Pedigree 1: Please clairify if Proband A is HIV positive as the wording looks

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ambigious (positive hepatitis C virus (HCV) and human immunodeficiency virus (HIV) antibodies") - Consider re-phrasing the the conclusion in the abstract ("The protein component encoded by exon 28-32 of PKHD1 gene may have closer correlation with the development of bile duct than with renal tubules.") as the data presented in this paper does not establish strong evidence for this hypothesis.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38709

Title: Polycystic kidney and hepatic disease 1 gene mutations in von Meyenburg complexes: Case report

Reviewer's code: 03475636

Reviewer's country: United States

Science editor: Li-Jun Cui

Date sent for review: 2018-04-09

Date reviewed: 2018-04-10

Review time: 15 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection	Peer-Review: [Y] Anonymous [ ] Onymous Peer-reviewer's expertise on the topic of the manuscript: [ ] Advanced [ ] General [ ] No expertise Conflicts-of-Interest: [ ] Yes [ ] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting/noval observation of potential correlation between PKHD1 gene and VMCs (bile duct microhamartomas); which VMCs have been reported to be associated with ADPKD, than ARPKD. However, I have several suggestions for

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investigators in order to improve their manuscript. 1. Please add a table summarized on the The clinical presentation of Von Meyenburg complexes: Please see PMID: 22110302 PMCID 2. Please discuss more on the previously known/correlated ADPKD/ADPLD and VMCs; PMID: 12500201, PMID: 3811921 3. Any family member/offspring in pedigree died or had clinical full-blown ARPKD at all? 4. Some grammatically errors: - Introduction: Mutations of the polycystic kidney and hepatic disease 1 (PKDH1) gene have been proved to cause autosomal recessive polycystic kidney disease (ARPKD), a severe type of DPMs. Epigenetic changes in the liver and bile ducts "varies" from different exon mutation regions of PKHD1. Herein, we reported the PKHD1 gene sequences in two families of VMCs. Suggest to change to Mutations of the polycystic kidney and hepatic disease 1 (PKDH1) gene have been proved to cause autosomal recessive polycystic kidney disease (ARPKD), a severe type of DPMs. Epigenetic changes in the liver and bile ducts "vary" from different exon mutation regions of PKHD1. Herein, we reported the PKHD1 gene sequences in two families of VMCs. -case information Pedigree 2 (VMC2)：Proband B was a previously healthy 57-year-old woman (Fig.F, III:2), and abdominal ultrasonography displayed intrahepatic diffuse lesions (Fig.G), with no kidney cysts seen. Laboratory tests showed 34 U/L ALT, 32U/L AST, 10.8 μmol/L total bilirubin, 3.8 ng/ml AFP, 1310.95 IU/ml HBsAg, 0.02 s/co HBeAb, 11.57 s/co HBeAb, < 500 copies/ml HBV- DNA viral load. She was finally diagnosed "as" VMCs, congenital hepatic fibrosis (CHF) and HBeAg-negative chronic hepatitis B after MRI and histopathological examinations. Suggest to change to She was finally diagnosed "with" VMCs, congenital hepatic fibrosis (CHF) and HBeAg-negative chronic hepatitis B after MRI and histopathological examinations. In discussion: -In our previous study, the prevalence was 0.35% in patients who underwent liver biopsy for diagnostic purposes [6]. Mutations of the PKHD1 gene have been demonstrated to cause ARPKD, a type "of of" DPM [7]. There are 2 "of", please remove

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