

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 50466

Title: Rh-incompatible hemolytic disease of the newborn in Hefei

Reviewer's code: 03285323

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's country: Turkey

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-07-27 14:13

Reviewer performed review: 2019-08-10 12:53

Review time: 13 Days and 22 Hours

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

SPECIFIC COMMENTS TO AUTHORS

I have read the manuscript entitled "Rh-incompatible hemolytic disease of the newborn

in Hefei". In this study, the authors explore the prevalence of hemolytic disease of the newborn (HDN) due to Rh-isoimmunization in their population. In general, this is a good designed study which would make positive contributions to pediatricians, neonatologists, obstetricians and transfusion experts practicing in this field. However, I have some drawbacks and suggestions which are: i) the authors could be use the statement of "non-Rh-D isoimmunization or "non-D Rh antibodies" instead of use of "minor blood group incompatibility" which also contain many blood groups mainly being as Kell; ii) written of the manuscript should be checked throughout the paper because some sentences were poorly expressed e.g. the sentence of "This incompatibility causes the mother's immune system to generate IgG antibody against the blood type of the fetus" could be revised as "This incompatibility stimulate the mother's immune system to generate IgG antibody against the blood type of the fetus which has been inherited from father"; the sentence of "The IgG antibody binds to fetal red blood cells transplacentally to cause hemolysis" could be revised as "The IgG antibodies across transplacentally and cause to hemolysis by bind to fetal red blood cells"; the statement of "mirror (Ballantyne) syndrome" could be corrected as "mirror syndrome (Ballantyne syndrome"; the sentence of the "Severe Rh-HDN can also lead to fetal demise, miscarriage, or premature birth" could be revised as "Severe Rh-HDN can also lead to miscarriage, fetal demise, or premature birth"; the sentence of "Blood types of parents and the newborns, hemolysis, and antibodies of minor blood groups were tested for ..." could be revised as "Blood types of parents and the newborns, parameters related to hemolysis, and non-D Rh antibodies were tested for ..."; " the sentence of "... Rh-isoimmunization used to be the most common cause of kernicterus" could be revised "Rh-isoimmunization was the most common cause of kernicterus"; etc.; iii) there is a discordance between Abstract and text if 4,138 newborns admitted for neonatal hyperbilirubinemia had HDN?; iv) please further explain the Direct Coombs test, free



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antibody test, and antibody release test; iv) is the sentence of “During clinical work-up, caution needs to be paid for that direct Coombs test can be negative in severe Rh-HDN due to extremely high titer of the antibody” correct? Because this statement is valid for HDN due to ABO incompatibility and HDN due to Rh-incompatibility corresponding with positive Direct Coombs test, therefore please control that reference; v) letters and symbols used in the table are very small able to read, please give this table in a separate horizontal page.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 50466

Title: Rh-incompatible hemolytic disease of the newborn in Hefei

Reviewer's code: 03011144

Position: Peer Reviewer

Academic degree: BM BCh,DNB

Professional title: Associate Professor

Reviewer's country: India

Author's country: China

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2019-08-13 12:38

Reviewer performed review: 2019-08-13 13:16

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

-Was there any delay in recognition / diagnosis? (8/18 presented beyond 3 days) -Why



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did the study stop at 2 years, especially when the problem is uncommon? -What are the primary and secondary outcomes of the study? -Has this study lead to a change in policy for screening for anti E in the children presenting with HDN? -Is there any co relation between Bilirubin levels and the age at diagnosis? -What are the study limitations? -What are the recommendations to prevent future anti E induced HDN?

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- ☐ No