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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55717

Title: Amiodarone-induced hepatotoxicity: quantitative measurement of iodine density in the liver using dual-energy CT: a report of three cases and literature review

Reviewer's code: 02451459
Position: Peer Reviewer
Academic degree: PhD
Professional title: Associate Professor
Reviewer's Country/Territory: Singapore
Author's Country/Territory: China

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Reviewer chosen by: Xiao-Quan Yu
Reviewer accepted review: 2020-07-21 08:58
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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

This is an original case report and research about the use of dual-energy CT to measure liver iodine concentration. The goal is to associate this iodine level to the potential for hepatotoxicity due to amiodarone exposure. Using 3 separate case studies, evaluation of both liver density and iodine concentration revealed the significant exposure of the liver to amiodarone. However associating this exposure to the onset of hepatotoxicity will require larger sample size as well as control samples of patients on amiodarone without hepatotoxicity. Nonetheless, this report sets the stage for such future development. Specific questions are as follow: 1. Amiodarone-induced liver toxicity often comes in the form of steatohepatitis. In this case, accumulation of fats, cholestatic injury markers (e.g. GGT and bilirubin) would be more suitable indicators of injury as compared to ALT and AST. Such markers were not consistently reported in all the 3 cases included here. Will be good to also include that information. 2. What is the reference range for iodine concentration in the liver? Do we know if the 1.4-2.9 mg/mL range detected is considered higher than normal? Also, is there is a difference between patients taking amiodarone with or without hepatotoxicity? This information will help in the conclusion for this report.