Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67955

Title: Impact of cytomegalovirus infection on biliary disease after liver transplantation - maybe an essential factor

Reviewer's code: 03011479
Position: Peer Reviewer
Academic degree: MD, MHSc, PhD
Professional title: Surgeon
Reviewer's Country/Territory: Brazil
Author's Country/Territory: China

Manuscript submission date: 2021-05-13
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-05-13 15:55
Reviewer performed review: 2021-05-26 01:50
Review time: 12 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

The association of CMV with biliary complications is important, though not a novel finding. The presence of CMV DNA in bile is an interesting finding. This study, however, has many methodological issues to draw any conclusions about that association. Methods section: it is not clear if all the patients that were transplanted in that period were enrolled in the study. If this is a retrospective study please clarify if bile samples for CMV are routinely collected. Also, please describe the institutions routine For CMV detection and treatment. How about CMV prophylaxis? What's the considered method for the diagnosis of biliary complications? Which complications were considered in this study? Results: not well structured. Tables are sometimes incomplete and some are pointless. 2 tables should be more then enough. Age in adults should not be expressed in months... Adults and children should not be mixed. Results should Be reported separately. Discussion: exclude the third paragraph (pointless)

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67955

Title: Impact of cytomegalovirus infection on biliary disease after liver transplantation - maybe an essential factor

Reviewer's code: 05022758
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Surgeon
Reviewer's Country/Territory: Poland
Author's Country/Territory: China

Manuscript submission date: 2021-05-13
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-05-14 08:55
Reviewer performed review: 2021-05-27 21:28
Review time: 13 Days and 12 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] 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) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

The paper addresses a very important topic of CMV infections in clinical practice in patients after liver transplantation. Current methods of diagnosing CMV infection have their limitations and thus authors must be praised for undertaking a research in that area. However the manuscript requires refinement in several aspects. 1. The authors do not analyze causality of biliary complications in patients after liver transplantation, neither in terms of presented data, nor in the choice of statistical methods and thus the title "Biliary disease caused by CMV infection in patients after liver transplantation: Extension of our previous knowledge" is inappropriate and requires modification. 2. Apart from liver failure ethology authors should provide details on liver transplantation urgency (chronic liver failure, acute liver failure, acute-on-chronic liver failure). Patients in these groups have different characteristics and different transplantation outcomes independently of CMV infection status. 3. There are no details available on CMV prophylaxis after LT in material and methods section. A paragraph in discussion section suggests that patients were given ganciclovir or valganciclovir therapy only after CMV infection occurred. 4. Details concerning collection of bile specimen are well presented however the time point after LT at which the procedure was performed is not stated (range, median or mean ±SD). 5. Patients in group without biliary complications had bile specimens sampled during initial transplantation procedure and patients with complications had bile sampled after the complications occurred. If that is the case the whole comparison of patients seems pointless since CMV infection tends to occur within the first three months after transplantation and authors apparently compare patients infectious status at different time points. 6. There is no data available on known risk factors of biliary disease in both groups such as: episodes of acute or chronic rejection. Allograft rejection can both

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

damage bile ducts and trigger CMV reactivation after transplantation and thus it is important to report rejection episodes in both groups. There are no details available on hepatic artery thrombosis (HAT). Since HAT can cause ischemic injury of the biliary system and liver parenchyma leading to biliary necrosis it is essential to provide this data in the manuscript. 7. There is no data available on surgical anastomosis technique and perioperative risk factors. The factors that most commonly contribute to stricture formation include the surgical reconstruction technique (duct-to-duct anastomosis or choledochojejunostomy), cold ischemia time. There are also numerous scientific reports suggesting that a placement of a T-tube post-liver transplant is associated with a higher incidence of biliary complications (strictures, bile leaks, and cholangitis). Authors need to state in what extent T-tube was used in analyzed population. 8. There are no p values presented for 2x2 tables (table 4 and 5) in the results section with authors using only % values.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67955

Title: Impact of cytomegalovirus infection on biliary disease after liver transplantation - maybe an essential factor

Reviewer's code: 05022758

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon

Reviewer's Country/Territory: Poland

Author's Country/Territory: China

Manuscript submission date: 2021-05-13

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2021-07-29 13:43

Reviewer performed review: 2021-07-31 17:03

Review time: 2 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] 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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

I thank the authors for the changes they have made to the manuscript. • Limitations paragraph should be added as a second paragraph in the discussion part of the manuscript (according to the strobe guidelines) • Not having enough samples, especially in the control group, could be one of the reasons to identify the signal or effect, and should be mentioned as a limitation • It should also be mentioned in limitations that bile specimen analysis after LT was made at different time points in both groups and it might influence the results (since CMV infection tends to occur within the first three months after transplantation)