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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2293

Title: Adipokines and C-reactive protein in relation to bone mineralization in pediatric nonalcoholic fatty liver disease

Reviewer code: 00004157

Science editor: s.x.gou@wjgnet.com

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

Pacifico et al. Adipokines and C-reactive protein in relation to bone mineralization in pediatric nonalcoholic fatty liver disease In this paper, Pacifico and coworkers compared lumbar spine (LS) and whole body (WB) bone mass density (BMD) measured by DEXA between 44 pediatric patients with MRI diagnosed nonalcoholic fatty liver disease and controls matched 1:1 for age, gender, and pubertal stage and body mass. They found that LS-BMD Z score was lower in NAFLD than in controls; Thirty three NAFLD patients were biopsied; LS and WB BMD Z score were lower in NASH than in non-NASH children. At multivariate analysis LS-BMD was independently associated with NASH and CRP levels. They conclude that NAFLD is associated with low BMD in obese children, and systemic low grade inflammation may play a role in such a relationship. Specific comments: 1. The aim of the study as specified in the Abstract and the Introduction does not reflect the study plan and analyses conducted, which compared LS and WB BMD between children with and without analysis, defining cases and controls; CRP levels and adipokines were evaluated as a confounding variable in multivariate analysis. It should be rewritten. 2. Abstract and text: “and was expected to be confirmed by liver biopsy with $\geq 5\%$ of hepatocytes containing macrovesicular fat”: please remove, it does add anything. 3. Why only 35/44 of NAFLD patients underwent liver biopsy? Which criteria were chosen to propose biopsy? Please specify. 4. Introduction: specific epidemiological studies and review articles of NAFLD in children, underlying specificities, should be reported. 5. Methods: exclusion of conditions potentially affecting BMI: please specify. 6. Hepatic fat fraction (HFF) of both patients and controls must be shown in table 1. In addition,



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P values between patients and controls must be shown in table 1. 7. To assess whether NASH is associated with a further impairment of BMD compared to simple steatosis, the analyses considering NASH patients must compare only biopsied children with vs. without NASH. Clinical features of patients with and without NASH, including HFF should be reported in a separated table. 8. For this reason, and in order to consider the 9 NAFLD patients who did not undergo liver biopsy, multivariate analysis evaluating determinants of BMD must consider NAFLD instead of NASH. Results of this multivariate analysis must be reported in a separated table. 9. Conclusions: actually, the results of multivariate analysis suggest that the effect of NASH / NAFLD on BMD is independent of CRP levels, and therefore it is likely to be independent of subclinical inflammation. The conclusions should be modified accordingly and possible explanations discussed.