

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5669

Title: overlap syndrome and membranous glomerulonephritis in a patient with ulcerative colitis. A case report and literature review.

Reviewer code: 00049299

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-20 22:16

Date reviewed: 2013-09-30 16:49

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 checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This case-report is of some interest as it potentially could provide new clues on pathogenesis in these diseases. But it needs to be shortened, both in relation to the case-report itself and the Discussion. The case development over time could be graphically illustrated. Additional comments: 1. The over-lap syndromes in hepatology include other than PSC/AIH, particularly PBC/AIH. This should be mentioned in the abstract and in the Discussion. 2. It is unclear to me if PSC was diagnosed in 2000 or during the diagnostic work-up in 2005 3. The comments in relation to the pathophysiology of glomerulonephritis in the last paragraph of the Discussion is irrelevant to this case. 4. Reference intervals should be added to Table 1.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5669

Title: overlap syndrome and membranous glomerulonephritis in a patient with ulcerative colitis. A case report and literature review.

Reviewer code: 02462495

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-20 22:16

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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 TO AUTHORS

This case report by Warling and colleagues describes the development of membranous glomerulonephritis and autoimmune hepatitis (AIH) associated with primary sclerosing cholangitis (PSC) in a patient previously diagnosed with ulcerative colitis (UC). It is an interesting case which highlights the challenges of diagnosing and treating patients with poorly defined autoimmune diseases. However, certain aspects regarding the establishment of these diseases in the patient under review remain to be clarified. Some comments for the authors. 1. The title of this case report should be revised to define the overlap syndrome. 2. The abstract should provide some details of this case: concise clinical history of patient including the gender, diagnosis and treatment. As written, it is unclear what the take-home message is. 3. It is unclear how the diagnosis of UC was established in this patient and whether or not the patient was under any form of treatment. 4. The details of the laboratory results including reference ranges for each test should be provided in Table 1. Reference of these could be made in the text. 5. Authors should define abbreviations of tests the first time these are mentioned in the document (MPO, PR-3, ANCA, CEA, a-FP, NRT, ERCP etc.). The used of SI units should follow standard abbreviations e.g. g/I should be revised to g/L. 6. The assumption is made that anti-nuclear antibodies (ANA) and anti-neutrophil cytoplasmic antibodies (ANCA) were determined by indirect immunofluorescence antibody (IFA) tests. 7. Results for ANCA, myeloperoxidase (MPO) and proteinase 3 (PR-3) should be revised: ANCA (pattern?) with PR-3 positive but MPO negative results. 8. A table with the treatment history and response may be useful.

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ESPS Manuscript NO: 5669

Title: overlap syndrome and membranous glomerulonephritis in a patient with ulcerative colitis. A case report and literature review.

Reviewer code: 00031305

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-20 22:16

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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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors described co-existence of PSC-AIH and GN in a patients with UC. The case is interesting and represents difficult management strategies. My comments: 1-The patient should be treated by 5-ASA for UC during the development of PSC-AIH and GN, the authors should mentioned possible dangerous effects of this drug in patients with hepatic failure and renal insufficiency. I think it is important to give information about this problem. The other important issue is 5-ASA alone may lead development of nephrotic syndrome (Avicenna J Med. 2012 Jan;2(1):9-11. doi: 10.4103/2231-0770.94804.) rather than association of GN and UC. 2- Case presentation should better while normal ranges for all laboratory examination are necessary. 3- Absence of PSC findings on liver biopsy are interesting while PSC do not respond to UDCA, transplantation is only one outcome for these patients. 4- It is better to say when liver enzymes and IgG normalized while it is unnecessary to provide liver enzyme levels a one week after therapy. 5-Discussion should be extensively revised because authors reviewed exiting literature regarding overlap syndrome and discussing this issue is not main point of the paper. It is enough to provide following sentence in the beginning of discussion about terminological confusion.” The term overlap has been used for patients with features of both AIH and PSC. It is not clear whether PSC-AIH is a distinct autoimmune liver disorder or a variant of PSC or AIH. Several reports have suggested that overlap syndrome does not represent the co-existence of two different autoimmune liver diseases but involves “variants” of typical diseases. Some authors define PSC -AIH overlap as “PSC with hepatitis features,” while others prefer the term “AIH with cholestatic features” (cjaza and position paper). Thereafter I suggest authors should mentioned co-existence of autoimmune liver disease with other



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non-hepatic autoimmune disorders and should apply mosaic of autoimmunity for their patient (please see "Eur J Gastroenterol Hepatol. 2012 May;24(5):531-4. doi: 10.1097/MEG.0b013e328350f95b"). In this study authors also described AIH-PBC overlap patients who had GN. 6- The following of manuscript should be designed about co-existence of AIH and GN which association has been described in literature. This should be suggested by association of PSC or PBC with GN. (Clinical Journal of Gastroenterology, August 2012, Volume 5, Issue 4, pp 292-297)