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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 7869

**Title:** Clinical Characteristics and Management of Corticosteroids Therapy for Patients with Autoimmune Hepatitis-induced Liver Failure

**Reviewer code:** 00008590

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-12-04 14:03

**Date reviewed:** 2013-12-05 22:49

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 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 is a nice study of AIH-induced liver failure regarding management by corticosteroids. The obtained data are similar to those published in the Western World, but it is the first time that such a study was done in China. I have only some minor points: 1. Page 1. Military Hospital, please provide city. Conflict of interest, change people to authors. In the abstract, give results with numbers including p values, also present details regarding MELD scores in numbers and p values. 2. Page 2. Para 2 should start with: Although there is. 5 lines below, correct to 2-5%. 3. Page 3. survey of Ichai, not from...Under Patient population, it should read The retrospective study, not the prospective study. 4. Page 5, under 2, first sentence should start with the imm., not The Immun...And 6 lines below, please correct to globulins. 5. Page 7, Discussion. Para 3: Our study has... 6. Page 8. Yasui et al have... 7. Table 2, Top. Correct to Corticosteroid. Bottom of this table: globulins. .



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 7869

**Title:** Clinical Characteristics and Management of Corticosteroids Therapy for Patients with Autoimmune Hepatitis-induced Liver Failure

**Reviewer code:** 01555264

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-12-04 14:03

**Date reviewed:** 2013-12-06 04:15

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 checked="" 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

could be accept after some minor edition



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 7869

**Title:** Clinical Characteristics and Management of Corticosteroids Therapy for Patients with Autoimmune Hepatitis-induced Liver Failure

**Reviewer code:** 00158194

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-12-04 14:03

**Date reviewed:** 2013-12-15 02:30

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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Manuscript Number: 7869 Manuscript Title: Clinical Characteristics and Management of Corticosteroids Therapy for Patients with Autoimmune Hepatitis-induced Liver Failure Article Type: Original Article Dr. Bing and Dr. Shaoli and coworkers submitted the paper titled “Clinical Characteristics and Management of Corticosteroids Therapy for Patients with Autoimmune Hepatitis-induced Liver Failure” with the aim to describe clinical features and prognosis of AIH-induced liver failure and response to corticosteroids in a Liver Failure Treatment and Research Center of 302nd Military Hospital in China. A retrospective study was undertaken between January 2004 and December 2012 . A diagnosis of AIH was made based on the presence of anti-nuclear (ANA) and/or smooth muscle antibody (ASMA), and on the criteria defined by the International Autoimmune Hepatitis Group. The criteria for liver failure were used according to the Diagnostic and Treatment Guidelines of Liver Failure suggested by the Liver Failure and Artificial Liver Group, Chinese Society of Infectious Diseases of Chinese Medical Association. Acute on chronic liver failure (ACLF) is defined as acute liver decompensation on the basis of chronic liver disease. This is a well written article with the strengths of a large assessed sample during long time. The conclusion drawn from the analysis is reasonable and well considered. I have only minor considerations to make in order to improve the clarity. I believe that this paper adds new insights into evolution of AIH patients. Minor points 1. In fact the study is retrospective. Please change the first sentence in “patient population” 2. A diagnosis of AIH was made based on the presence of anti-nuclear (ANA) and/or smooth muscle antibody (ASMA). Although the results of autoantibody testing are often helpful, they can be misinterpreted. Positive results for testing of antinuclear antibodies (ANA) can



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be detected quite commonly in patients with liver diseases unrelated to AIH. Data on specific antibodies for Autoimmune hepatitis type 1 (anti-actin) or type 2 (anti LKM-1) or antisoluble liver antigen are not specified. Other conditions that can lead to liver failure such as Wilson disease are not rule out. A comment about these facts should be included. 3. I would like more clarity about the concept of acute on chronic liver failure. These patients had been previously diagnosed of HAI? Which was the original hepatopathy? They have received immunosuppressive therapy previously? 4. Corticosteroid therapy: A comment about the dose. Habitually the dose for the acute liver failure used by other authors is higher. Why is used the low dose? The reason for combination therapy with azathioprine should be also noted. This drug has the action after 2 months of therapy. 5. The authors compare survivors and non-survivors and found a significant difference in the sense of lower MELD score and corticosteroid therapy which were associated to survivors. The authors also describe the characteristics of the seven patients that have received corticosteroids. However, they have not analyzed the differences between the four survivors and the three non-survivors that have received corticosteroid therapy. 6. In the Tables please specify all abbreviations