

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6868

**Title:** The diagnostic challenge in alcohol use disorder and alcoholic liver disease

**Reviewer code:** 00002443

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 19:17

**Date reviewed:** 2013-11-05 21:15

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)	<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

Comments: page are not numbered paragraph on serum arker of OH consumption: AST/ALT ratio is not highly suggestive of ALD, as it is found in every terminal stages liver diseases. Acute alcoholic hepatitis scores: please cite also ABIC score CDT: please shorten the paragraph, and precise that CDT is not interpretable in endstage liver diseases whatever the cause Paragraph on liver biopsy: regarding ductular reaction andf cholestasis, specify that diff diagnosis include sepsis, and when excluded cholestasis is associated with a worst outcome (Spahr et al BMC gastro) Non invasive test of fibrosis: a small paragraph at the end would be wellcome to summarize (and to specify that at present Fibroscan is the more accurate test).

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6868

**Title:** The diagnostic challenge in alcohol use disorder and alcoholic liver disease

**Reviewer code:** 02539747

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 19:17

**Date reviewed:** 2013-12-04 09:10

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 checked="" 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 type="checkbox"/> Grade D (Fair)	language polishing	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

The manuscript summarize the diagnostic methods of alcohol use disorder and alcoholic liver disease, which provides a useful reference for clinical diagnosis. First of all, as for alcoholic liver disease, it could be classified into alcoholic fatty liver disease(also named alcoholic steatosis), alcoholic hepatitis, alcoholic fibrosis, alcoholic cirrhosis and alcoholic hepatic carcinoma. Diagnostic methods for each stage should be provided. Second, the manuscript should be shortened. What's more, the abstract did not fully summarize the whole content of the article.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6868

**Title:** The diagnostic challenge in alcohol use disorder and alcoholic liver disease

**Reviewer code:** 00506564

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 19:17

**Date reviewed:** 2013-12-23 04:43

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

## COMMENTS TO AUTHORS

Authors have performed an interesting review but several points should be addressed: Major points Interesting information from AASLD guidelines on alcoholic liver disease and AUD (such as % of patient who evolve from steatosis to ASH, specificity/sensitivity of AUDIT and CAGE and prognosis markers should be included. Authors should focus first on alcoholism and alcohol use disorders and afterwards in alcoholic liver disease. For instance, increased GGT and MCV are markers of alcoholism, but not alcoholic liver disease, and therefore markers of alcoholism itself (GGT, MCV, CDT) should be separated from markers of alcoholic liver disease (ALT, AST, ALT/AST ratio). Therefore, I think that the manuscript should be re-structured in order to present, first, data regarding alcoholism (screening tools, biomarkers) and, second, data regarding liver disease. Only data on physical examination which can be shared between alcoholism and alcoholic liver disease should be presented together. Authors state that withdrawal symptoms “can last up to 24-48 hours after alcohol discontinuation”, but although withdrawal syndrome may be short-lived, in some patients, alcohol withdrawal delirium usually occurs 48 to 96 hours after the last drink and may take up to seven days to appear and persist for several days. Minor symptoms may last for weeks. For instance, see Mayo-Smith, MF, Beecher LH, Fischer TL, et al. 2004, Management of alcohol withdrawal delirium. An evidence-based practice guideline. Arch Intern Med 164: 1405-1412.

Minor points \*Authors should unify DSM-V and DSM-5 throughout the manuscript \* A single sentence should not be a paragraph “It has to be noticed that some patients with histological features of ALD can be also asymptomatic. “ \*Please kindly revise the manuscript by a native English speaker, several minor typos are the following: - A instead of an in “underlie an heterogeneous” - diagnosis instead of diagnose (in “for the diagnose of AUD” ) - should it be “non specific” instead



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of “aspecific” in “In cirrhotics the physical findings are generally aspecific and independent from” ?  
- assess instead of “asses” - “These lesions” instead of “these lesion”