

## PEER-REVIEW REPORT

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

**Manuscript NO:** 79987

**Title:** COVID-19 and hepatic injury: Diversity and risk assessment

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05455317

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Associate Professor, Senior Scientist

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2022-09-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-13 14:43

**Reviewer performed review:** 2022-09-21 08:30

**Review time:** 7 Days and 17 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

Gist/summary: the authors come up with a comprehensive review on COVID in a Gastroenterology journal, with an attempt on its role in hepatic surgeries. The review is comprehensive and well taken but certain areas need to be fine-tuned and polished. I have tracked changes in the attachment for the authors to check. There is very limited attention given to gastroenterology except viral counts the authors discuss subtly. There must be a specific challenge on GE implications in covid. The Figure 1 is very poor and there is no role of mitochondria that was discussed which the authors may discuss. Page 2 and 3: Some of the sections of the manuscript coalesce with an article enlisted here: [https://www.researchgate.net/publication/358167397\\_Covid\\_19\\_1](https://www.researchgate.net/publication/358167397_Covid_19_1) Page 6: or VEGF Alpha? pl elaborate. The table and URLs may have last accessed dates. Scores on a scale of 0-5 with 5 being the best. Language: 3.5 Novelty: 4 scope and relevance: 3 Brevity: 3

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**Position:** Editorial Board

**Academic degree:** MD, MSc, PhD

**Professional title:** Associate Professor, Director, Doctor

**Reviewer's Country/Territory:** Kazakhstan

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2022-09-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-22 09:36

**Reviewer performed review:** 2022-10-22 10:32

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

DIAGNOSIS - "With an increase in COVID-19 prevalence and mortality rate, as of 14 August 2022, the WHO reported that over 587 million people infected by SARS-COV-2 were confirmed including over 6 million cases of death." Is this information appropriate for this section? Moreover, it is not linked to any reference. - "Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19. Necrosis or apoptosis of lymphocytes causes lymphocytopenia. The severity of COVID-19 is reflected in the degree of lymphocytopenia. In most documented pediatric cases, procalcitonin was often high and linked to coinfection [39]." It is not clear what the authors mean by saying that "Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19." Indeed, CRP and ESR can be altered in several (viral) infections and, actually, a study recently described and discussed the variable alteration of acute reactants in children with COVID-19 according to the available literature (see: Comparison between SARS-CoV-2 positive and negative pneumonia in children: A retrospective analysis at the beginning of the pandemic. *World J Exp Med.* 2022 Mar 20;12(2):26-35. doi: 10.5493/wjem.v12.i2.26). RISK FACTORS - "According to a systematic review of 28 research,..." Actually, the authors linked this statement to three references. One or more systematic reviews? Please, clarify. - "Finally, according to preliminary findings on co-infection with COVID-19 and other viruses, the prognosis of patients with SARS-CoV-2 does not appear to be worsened by persistent HBV infection, [33]." Actually, a very recent systematic review is not completely consistent with this sentence (*Dig Dis Sci.* 2022 Sep 9:1-17. doi: 10.1007/s10620-022-07687-2). GENERAL - I

think that the sections and subsections should be numerated. - I also recommend the authors to include 2-3 tables summarizing the main articles used to discuss different pathogenic mechanisms of COVID-19 related liver injury. COVID-19 AND PREGNANCY: SEVERAL MECHANISMS FOR COMPLICATIONS - Should this subsection be merged with the previous one? The focus is liver. Anyway, the absence of section numeration can create some confusion.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Professional title:** Associate Professor, Director, Doctor

**Reviewer's Country/Territory:** Kazakhstan

**Author's Country/Territory:** Egypt

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2022-11-16 06:01

**Reviewer performed review:** 2022-11-17 11:58

**Review time:** 1 Day and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

The authors improved the manuscript. However, the discussion on the inflammatory parameters and, in detail, the CRP is a little controversial across different studies and the differences between COVID-19 and non-COVID-19 in children should be expanded a little and consider all the available studies, as commented below (RR) “With an increase in COVID-19 prevalence and mortality rate, as of 14 August 2022, the WHO reported that over 587 million people infected by SARS-COV-2 were confirmed including over 6 million cases of death.” Is this information appropriate for this section? Moreover, it is not linked to any reference. Response: Based on the raised, we added the reference in the manuscript; additionally, the rapid diagnosis means better outcomes; therefore, we are shedding the light on the challenge facing the diagnosis process to provide a rapid and accurate test. RR- Accepted. “Lymphocytopenia increased C reactive protein and raised erythrocyte sedimentation rate were the laboratory results that were most consistent with COVID-19. Necrosis or apoptosis of lymphocytes causes lymphocytopenia. The severity of COVID-19 is reflected in the degree of lymphocytopenia. In most documented pediatric cases, procalcitonin was often high and linked to coinfection [39].” It is not clear what the authors mean by saying that Response: We removed the misunderstanding and rewrote the paragraph by adding several studies to confirm the idea. RR- This paragraph sounds better now. As regards, C-reactive protein some authors have recently reported that pediatric COVID-19 pneumonia is even higher than non-COVID-19 pneumonia, which further support the more accentuated inflammatory reaction caused by this virus, even in children who develop milder forms than adults, in general (as discussed in “Comparison between SARS-CoV-2 positive and negative pneumonia in children: A retrospective analysis at the beginning of the pandemic”). However, another study showed an

opposite result (“Comparison of pneumonia features in children caused by SARS-CoV-2 and other viral respiratory pathogens”). These conflicting points should be further discussed by taking advantage of this available literature. RISK FACTORS – “According to a systematic review of 28 research,...” Actually, the authors linked this statement to three references. One or more systematic reviews? Please, clarify. Response: we are using more than 28 systematic reviews and original research to collect the data related to this point. Furthermore, we try to remove misunderstandings and delete these words. RR- Accepted. - “Finally, according to preliminary findings on co-infection with COVID-19 and other viruses, the prognosis of patients with SARS-CoV-2 does not appear to be worsened by persistent HBV infection, [33].” Actually, a very recent systematic review is not completely consistent with this sentence (Dig Dis Sci. 2022 Sep 9;1-17. doi: 10.1007/s10620-022-07687-2). Response: Based on the raised comment, it was amended in the revised manuscript. RR- Accepted.