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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 23256

Title: Hyporeninemic hypoaldosteronism and diabetes mellitus: Pathophysiology assumptions, clinical aspects and implications for management

Reviewer's code: 02446525

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2015-11-03 15:56

Date reviewed: 2015-11-05 15:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

minor language polishing required

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 23256

Title: Hyporeninemic hypoaldosteronism and diabetes mellitus: Pathophysiology assumptions, clinical aspects and implications for management

Reviewer's code: 00506397

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-11-03 15:56

Date reviewed: 2015-11-30 06:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors have made an excellent attempt to provide a thoughtful and concise summary of the literature related to the pathophysiology of hyporeninemic hypoaldosteronism (HH) in patients with diabetes mellitus (DM). The authors have outlined salient features of the epidemiology, diagnosis, and clinical management of HH in DM patients who frequently suffer from electrolyte imbalance, particularly hyperkalemia that may also mechanistically contribute to varied micro-vascular complications of DM. I have THREE suggestions to improve this timely review as outlined below: 1. The authors should seek help of an English Language Editor to rectify awkward parlance of words and grammar. There are many instances of muddled expression of English language throughout the Manuscript; I offer these examples: (a) "This comprehensive review highlights the findings about the epidemiology, diagnosis, and management recommendations of hyporeninemic hypoaldosteronism in patients with diabetes mellitus, in order to valorize the identification of the situation and conjecture the implications on patient care" (Abstract). It is unclear what the authors mean by "valorize the identification of the situation" or "conjecture the implications on patient care", (b) "In



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ancient studies, it was found that about half the subjects with HH were diabetics [10]" and cite a paper that was published in the year 1980 (Epidemiology), (c) "Actually, only limited recent studies have been conducted with moot methodology to determine the current incidence/prevalence of HH, including patients using these medications"(Epidemiology), (d) "The progress effects on the heart can be seen in the electrocardiogram (ECG): peaking of T waves, ST-segment depression, widening of the PR interval, widening of the QRS interval, loss of the P wave, and development of a sine-wave pattern [3], and may even culminate in ventricular fibrillation" and (f) "But these suppositions are just assumptions because they have not been evaluated specifically". 2. The authors have arbitrarily expressed numerous terms with upper case letters. For example, there is no reason to express Hyporeninemic Hypoaldosteronism, Diabetes Mellitus, Renin-Angiotensin-Aldosterone System (RAAS), Type IV Renal Tubular Acidosis (RTA) in such a manner. A careful revision should be done to remove such unconventional expression for well-known terms. 3. There are several words that are commonly "hyphenated" and authors should carefully revise their manuscript to rectify this situation. Some examples: pseudo-hypoaldosteronism, poly-glandular syndrome, pro-renin, micro-vascular, tubule-interstitial, poly-pharmacy and many others. 4. In my humble opinion, the utility of this Review will be greatly enhanced if the authors included a logical and concise Scheme under the heading of "Current Diagnosis and Treatment Regimens for HH in DM Patients"



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 23256

Title: Hyporeninemic hypoaldosteronism and diabetes mellitus: Pathophysiology assumptions, clinical aspects and implications for management

Reviewer's code: 00506304

Reviewer's country: Thailand

Science editor: Xue-Mei Gong

Date sent for review: 2015-11-03 15:56

Date reviewed: 2015-12-03 10:28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Sousa et al. reviewed pathogenesis, diagnosis and treatment of electrolyte imbalance in diabetes mellitus, particularly a condition known as hyporeninemic hypoaldosteronism. This review article is informative in general; however, the authors should provide additional information and further explain the following points. 1. The underlying cause(s) of juxtaglomerular apparatus atrophy should be elaborated. Is it directly related to autonomic neuropathy? 2. Please provide a reference for this statement "autonomic neuropathy results in impaired beta2-mediated influx of potassium into cells". 3. It is better to add a concise diagram to summarize pathogenesis and treatment strategies for DM-related hyporeninemic hypoaldosteronism.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 23256

Title: Hyporeninemic hypoaldosteronism and diabetes mellitus: Pathophysiology assumptions, clinical aspects and implications for management

Reviewer's code: 02526196

Reviewer's country: Denmark

Science editor: Xue-Mei Gong

Date sent for review: 2015-11-03 15:56

Date reviewed: 2015-12-17 18:04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

GENERAL COMMENTS: This is a good review paper. Authors have comprehensive reviewed the general introduction, pathophysiology, epidemiology, clinical features, diagnosis, relation with other diabetic microvascular complications and managements including different treatments in relation to the hyporeninemic hypoaldosteronism (HH). Therefore, this paper is relevant for the readership of WJD and suggested to publish in WJD. Please insert page number throughout the paper.

SPECIFIC COMMENTS: Title: The title and running title accurately reflect the major topic and contents of the review. Abstract: The main topics have been outlined and the description is clear. Introduction: The concept of HH is well introduced and the purpose of the review is also clearly mentioned. The mechanisms, diagnosis and treatment for HH are briefly mentioned too. Main contents of the review: Authors have in detail mentioned different topics in relation to HH including pathophysiology, epidemiology, clinical features, diagnosis, relation with other diabetic microvascular complications and treatment. The conclusion is well made. Reference list: the references are well cited and updated. **MINOR COMMENTS** Page 13, line 6: The sentence



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“...serum cortisol be measured.” Should be read as “...serum cortisol should be measured.”. Page 18, line 3 The sentence “Prudence may suggest that this combination be avoided, but it is...” Should be read as “Prudence may suggest that this combination should be avoided, but it is...”. Page 18, lines 14-23 The sentence “The initial approach should be to estimate GFR and potassium levels to assess the specific risk of hyperkalemia as well as to review the patient’s medications profile and, when possible, discontinue drugs that can impair renal potassium excretion [38, 48]; inquire specifically about the use of over-the-counter NSAIDs and herbal remedies, since herbs can be a hidden source of intake potassium; prescribe a low-potassium diet with specific counseling against the use of potassium-containing salt substitutes; initiate therapy with a low dose of ACEIs or ARBs; and follow potassium levels within 1 week after initiating therapy or after increasing dose [49].” is too long. Please divide it into several short sentences. CLASSIFICATION OF THE MANUSCRIPT Grade B. LANGUAGE EVALUATION Grade B