



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 56200

Title: A Case of Non-alcoholic Fatty Liver Disease Later Diagnosed as Myotonic Dystrophy

Reviewer's code: 02939891

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Japan

Manuscript submission date: 2020-04-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-02 07:43

Reviewer performed review: 2020-05-02 13:29

Review time: 5 Hours

Scientific quality	<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 Grade E: Do not publish
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 statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The MS by Tanaka and colleagues describes one adult NAFLD Underlying Myotonic Dystrophy (MD). The MS is well written apart from minor typos needing corrections. This Reviewer has several comments regarding a number of limitations of the report. The Authors should acknowledge that: 1) liver involvement is frequent in MD Achiron A, Barak Y, Magal N, Shohat M, Cohen M, Barar R, Gadoth N (1998) Abnormal liver tests results in myotonic dystrophy. *J Clin Gastroenterol* 26:292–295 Heatwole C, Miller J, Martens B, Moxley R (2006) Laboratory abnormalities in ambulatory patients with myotonic dystrophy type 1. *Arch Neurol* 63:1149–1153 Kalafateli M, Triantos C, Tsamandas A, Kounadis G, Labropoulou-Karatza C (2012) Abnormal liver function tests in a patient with myotonic dystrophy type 1. *Ann Hepatol* 11:130–133 Spaziani M Hormonal and metabolic gender differences in a cohort of myotonic dystrophy type 1 subjects: a retrospective, case-control study *J Endocrinol Invest.* 2020 May;43(5):663-675 2) NAFLD may be one of the liver histotypes of MD (Finsterer J Myotonic dystrophy 2 manifesting with non-alcoholic and non-hepatitic liver cirrhosis. *Acta Clin Belg.* 2015 Dec;70(6):432-5 should be mentioned as well). 3) Spaziani et al (2020) quote that the pathophysiological mechanism is still unknown and LFTs levels are not associated with clinically significant liver damage. However, regarding NAFLD one should mention that some neurological diseases (e.g. myotonic dystrophy, Parkinson disease, Chagasic enteropathy) can be complicated by SIBO that is responsible not only for malabsorption/weight loss (Bures et al Small intestinal bacterial overgrowth syndrome *World J Gastroenterol.* 2010) but also for NAFLD. 4) In spite of their multiple self-citations #1 to 4, the Authors fail to mention if their patient had tests for at least for GGT, celiac disease, Wilson disease before liver biopsy 5) It is quite unusual nowadays to order a liver biopsy in a patient with abnormal LFTs without excluding first the



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extrahepatic causes of hypertransaminasemia at all ages (Giannini Liver enzyme alteration: a guide for clinicians. CMAJ. 2005; Vajro P, Persistent hypertransaminasemia in asymptomatic children: a stepwise approach. World J Gastroenterol. 2013; Paoletta G Fatty liver disease and hypertransaminasemia hiding the association of clinically silent Duchenne muscular dystrophy and hereditary fructose intolerance. Ital J Pediatr. 2012; Veropalumbo C. Aminotransferases and muscular diseases: a disregarded lesson. Case reports and review of the literature. J Paediatr Child Health.) 6) A mention on the potential value of total serum bile acids for the diagnosis of liver disease vs. muscular disease might be worthy. 7) Conclusions should be toned down according to the limitations of the study.