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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 65155

Title: Liver-side of inflammatory bowel diseases: Hepatobiliary and drug-induced

disorders

Reviewer's code: 04091850 **Position:** Editorial Board

Academic degree: DSc, MD, PhD

Professional title: Adjunct Professor, Chief Doctor

Reviewer's Country/Territory: Denmark

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-08 06:10

Reviewer performed review: 2021-04-11 07:36

Review time: 3 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

The topic of the manuscipt is of major importance for colleagues working within the fields of IBD and hepatology. In general the paper is well disposed and well written although some minor corrections have to be made regarding the language throughout mostly in the sections dealing with drug induced liver disease in IBD. Besides it is a problem reviewing the manuscript that the pages does not seem to be numbered Specific comments for consideration: Key words: Viral hepatitis should be added Primary sclerosing cholangitis: Regarding aetiology of the disease it is stated that envinronmental factors may play a role. Could this be specified somewhat? syndromes between PSC and AIH are mentioned which is highly relevant. I miss a short section regarding the relation between AIH in its own and IBD. Although the occurrence of both IBD and AIH is rather rare AIH is more prevalent in IBD than in the general population (e.g. Halling et al., World J Gastroenterology 2017) Omit "other" from the head line "other non-immune-mediated disorders Portal vein thrombosis: The incidence of thromboembolic complications is 2.6/1000 persons/year. Is this the incidence of all cases of thrombosis or does the given incidence relate only to portal vein thrombosis? Thiopurines: The importance of the 6-MMP metabolite for the occurrence is noted. However it woold have been highly relevant to briefly of hepatotoxicity describe the concept of shunting and the possibility to treat shunters by reducing the dose of azathioprine and the addition of allopurinol. Methotrexate: Two different incidence rates regarding transaminase elevation in patients treated with methotrexate are given 1.4 per 100 patient months and 0.9 per 100 patient months. As I see it these numbers are taken from the same reference. An explanation for this different incidence Anti-interleukin 12/23: The risk of HBV reactivation is noted. This rates are needed risk is not specific for anti-interleukin 12/23 treatment and the subject is touched upon



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in the sections regarding IBD and viral hepatitis B and C. Figure 1: In the box "First line tests" fibroscan could be added.



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Name of journal: World Journal of Hepatology

Manuscript NO: 65155

Title: Liver-side of inflammatory bowel diseases: Hepatobiliary and drug-induced

disorders

Reviewer's code: 05343234 Position: Peer Reviewer Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-12 06:37

Reviewer performed review: 2021-04-21 10:17

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Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

The review article entitled "Hepatobiliary disorder associated with inflammatory bowel disease" summarized hepatobiliary complications associated with IBD. The article is precise and well-written, and covering considerable situation to date. This review is helpful for readers. Please correct follows. 1. There are several abbreviations which do not spell out. "RUC" in page 4, "MRCP, magnetic resonance cholangiopancteatography" in page 6, "AP" in page 13. 2. If REL, IL2, CARD9 are gene names, please be italicized in page 5.