

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 69398

**Title:** Trends of Alcoholic Liver Cirrhosis Readmissions from 2010 to 2018: Rates and Healthcare Burden Associated with Readmissions.

**Reviewer's code:** 05077201

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-06-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-07-12 23:32

**Reviewer performed review:** 2021-08-08 07:10

**Review time:** 26 Days and 7 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 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



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

#### **SPECIFIC COMMENTS TO AUTHORS**

Kichloo et al. aimed in their retrospective study to present the character of readmissions among ALC patients in the US during previous years (20110-2018). The general idea of the work is very appropriate because of the common character of the disease all over the world and its severe complications, requiring professional treatment. The results obtained from the used database are quite interesting (together with tables). I perceive that authors went through the most essential aspects of analysed readmissions, nevertheless, I would like to point out a few things. In my opinion, Authors could speculate a little bit more about the differences in the treatment of ALC between men and women that can be found in literature (e. g. outcome, certain complications, data connected with the development of cancer) and possible exact reasons of readmissions except alcohol disorders. What are the most troublesome aspects connected with the treatment of cirrhosis? What is the future of this treatment? How to use presented data in clinical life? I think that adding this clinical background will improve the general shape of the article. Generally, I accept the paper, however, It seems to me that modifying highlighted above issues will make it even more valuable.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 69398

**Title:** Trends of Alcoholic Liver Cirrhosis Readmissions from 2010 to 2018: Rates and Healthcare Burden Associated with Readmissions.

**Reviewer's code:** 05915429

**Position:** Peer Reviewer

**Academic degree:** BSc, MSc

**Professional title:** Research Assistant Professor

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

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-06-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-07-26 06:02

**Reviewer performed review:** 2021-08-08 16:06

**Review time:** 13 Days and 10 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input 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 statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

The manuscript is very well written with no major errors in it. I would like to mention few minute changes for this article. First, please provide the P value for the LOS and THC in the abstract and in the statistical result section. Second, Please add few informative sentences on ICD 9 and 10 with reference in the introduction section. As many would not know that as per ICD K70. 30 or 3x what is the difference and patients hospitalized was for fibrosis without ascites. Third, In abstract it was mentioned that "Inpatient mortality showed a decreasing trend from 10.5 % to 8.2% in 2018 (p-trend =0.007)" Please add in the abstract and result section of the main body of the paper if the mortality is for ALC or it is overall inpatient deaths during 2008-2018, please provide specifications for death rate. Fourth, what is the cause of deaths has to be discussed. It is better to provide more evidence on the specific cause of deaths with the duration of disease progression from fibrosis to HCC observed in ALC patients. Hospital admission is occurring in the fibrosis stage and patients are surviving the compensated as well as uncompensated cirrhosis stage and progressed towards HCC. Since, the mortality decreased what measures were frequently taken to tackle the life threatening conditions of ALC patients. You have the data if you can provide more insight into this epidemiological event it would be more helpful for physicians. Multivariate and univariate analysis would increase the overall weightage of this manuscript describing the cause of deaths. As per my believe the survival rate may not remain the same if you consider 10 years data. I will request the editor to provide you with sufficient time if you want to make these changes.