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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 14526

Title: Model for End-stage Liver Disease-Na score or Maddrey Discrimination Function index, which score is best?

Reviewer's code: 00053888

Reviewer's country: United Kingdom

Science editor: Yue-Li Tian

Date sent for review: 2014-10-13 16:18

Date reviewed: 2014-11-11 20:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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 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

This is a well written small study that recommends the use of MELD-Na in the prognostic scoring of patients with acute hepatitis. It warrants publication in its current form.



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Name of journal: World Journal of Hepatology

ESPS manuscript NO: 14526

Title: Model for End-stage Liver Disease-Na score or Maddrey Discrimination Function index, which score is best?

Reviewer's code: 00502973

Reviewer's country: China

Science editor: Yue-Li Tian

Date sent for review: 2014-10-13 16:18

Date reviewed: 2014-10-20 22:37

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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" 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 type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

In this manuscript, Balmori et al. prospectively investigated the prognostic value of MELD-Na score and Maddrey discrimination function index in patients with alcoholic hepatitis. Concerns should be addressed before it can be accepted for publication. 1. The English should be polished especially in the Discussion. 2. In the formula of MELD-Na calculation, I wonder if "...+ 1.59 (135 patient - Na)" is correct. 3. Patients with alcoholic liver disease usually have a long history of alcoholic consumption. I wonder why these patients have only 24 days' alcohol consumption. Were these patients suffered with fulminant liver failure? 4. The authors reported that mortality rate at 30 days was 44% and the mortality rate at 90 days was 57.6%. I wonder why the mortality was so high. A recent publication reported that the inpatient mortality for primary diagnosis of AH from 10.07% (in 2002) to 5.76% (in 2010) in USA (Jinjuvadia R, Liangpunsakul S. Trends in Alcoholic Hepatitis-related Hospitalizations, Financial Burden, and Mortality in the United States. J Clin Gastroenterol. 2014 Jun 25. [Epub ahead of print]). Similarly, in the Discussion, the authors stated "In this cohort of Mexican patients with AH we found a high mortality rate, 44% at 30 days and 57.6% at 90 days, similar to that reported in other



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studies. (34)". However, reference 34 reported a high mortality in patients with severe alcoholic hepatitis. However, current study enrolled consecutive patients with alcoholic patients, not only the severe ones. I wonder why the mortality in current cohort was so high. 5. In the Results, the authors listed several conditions as the causes of death. I wonder if there are any overlaps among these death causes, e.g. patient with HRS and gastrointestinal hemorrhage. 6. In the Discussion, the 1st sentence is difficult to understand. 7. Typo on page 11: ascitis should be ascites. 8. In Table 1 & 2, I think "White blood cell counts (103 μ /L)" should be "White blood cell counts ($10^3/\mu$ L)". The "Hepatorrenal syndrome" should be "Hepatorenal syndrome". Table 1: the numbers in Deceased column and the Encephalopathy line are confusing. 9. Reference 1 is not published in English, and is not suitable to be presented to the international audience.