

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 30229

Title: Is hepatic steatosis associated with left ventricular mass index increase in the general population?

Reviewer's code: 01407353

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-24 20:52

Date reviewed: 2016-10-17 22:26

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

Dear Editor, here Katharina L et al. investigate the association between hepatic steatosis and change in left ventricular mass index (LVMI) over five years in a study population of 1298 individuals aged 45 to 81 years. Hepatic steatosis was demonstrated to be a significant predictor for all measured echocardiographic characteristics at baseline but not for LVMI. I have the following issues for the Authors: 1) Alcohol abuse should appear among exclusion criteria. Were patients with excessive alcohol intake excluded from the analysis? 2) I don't understand the choice of defining hepatic steatosis as the presence of hyperechogenic liver pattern together with increased serum ALT levels. To the best of my knowledge, the elevation of ALT neither is required for the diagnosis of steatosis nor is sufficient for the diagnosis of NASH in the presence of ultrasonographically bright liver. The diagnosis of steatosis should be based only on ultrasonographical findings. The NAFLD fibrosis score (if all data for computing it are available) could be used for distinguishing, among patients with ultrasonographic bright liver, between those with low and those with high probability of advanced fibrosis (some of the patients will have an intermediate result). It would be interesting to verify the



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association of steatosis with positive NAFLD fibrosis score with LVMI. 3) Table 2) misses p values for significances. 4) Since steatosis is not associated with change in LVMI at the univariate analysis, I don't understand the sense of verifying is such an association, which doesn't exists, is mediated by blood pressure.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 30229

Title: Is hepatic steatosis associated with left ventricular mass index increase in the general population?

Reviewer's code: 02860540

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-24 20:52

Date reviewed: 2016-11-01 02:04

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

This is an interesting and well-written manuscript. I have some concerns: 1. hepatic steatosis should be defined only by the presence of fatty liver to liver ultrasound. If also high ALT are present, it implies an hepatic inflammation. Please re-evaluate the prevalence of steatosis on the basis of this definition. 2. Table 1: You could divide the population in 1) no criterion 2) one criterion (classifying the population for the criterion using different columns) 3) US + ALT 3. Table 2: Please analyse separately patients with no criterion and with the different criteria you used. 4. Among the limitation of the study state that this study lacks of liver biopsy, gold standard for the NAFLD diagnosis. I think that the manuscript could be of interest for the Readers after a revision.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 30229

Title: Is hepatic steatosis associated with left ventricular mass index increase in the general population?

Reviewer's code: 00467399

Reviewer's country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-09-24 20:52

Date reviewed: 2016-11-07 23:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 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 investigation aimed to study the relationship between liver steatosis and left ventricular mass index (LVMI) in the baseline and after a 5 year follow up. The presence of hepatic steatosis was identified using both hyperechogenic liver pattern and increase in serum concentration of alanin transferase (ALT), while the increase of ventricular mass (hypertrophy) was study with echocardiography. The authors report that an association was present between steatosis and increase of echocardiographic indices in baseline, while after follow up an increase in echocardiographic parameters showed higher values in subjects with hepatic steatosis. Interestingly in the baseline there was a slight increase in blood pressure in individuals with steatosis. However, after the follow up, there was a negligible increase of the echocardiographic parameters (LVMI) in subjects with hepatic steatosis and a decrease in blood pressure in all studied individuals independently of the presence of steatosis. The authors concluded that the initial association of hepatic steatosis with LVMI does not involve an association after follow up. Although some of the results are negative, the study is accurate in both technical and statistical methodology. To overcome the limitation brought about by

the negative results, the authors should expand the discussion about the role of blood pressure and of its pharmacological (and life style) control in LVMI where it is partially reported in the discussion at the bottom of page 13 and at the top of page 14. In addition, this reviewer has also other concerns: In the Results section (Sample characteristics) it is said that 29.5% of the individuals did not fulfill any criteria for hepatic steatosis which characterised the remaining 14.9%. The sum of these percentages is 44.4%. What about the others? These data are not justified by what appears in fig. 1 even if they were the results of the various exclusions indicated in the figure. About the figure, the titles of the steps (e.g. net samples, eligible subjects...) do not correspond to the steps indicated in the subsection Setting and study population, where, e.g., the term "net sample" refers to what in fig.1 is reported as "Eligible subjects". The definition of hypertension as systolic pressure \geq or $>$ 140 mmHg in systole and 90 mmHg in diastole is too extensive and should consider at least one more value in a sort of scale. In fig.1 the word "decreased", which appears two times, should be replaced by the word "deceased". In table 2, no statistical significance is reported. Even if any significance is absent, it should be clearly reported in the legend.