BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics
ESPS manuscript NO: 20819
Title: Acute encephalitis and encephalopathy associated with human parvovirus B19 infection in children
Reviewer's code: 00069139
Reviewer's country: Thailand
Science editor: Xue-Mei Gong
Date sent for review: 2015-06-26 15:54
Date reviewed: 2015-07-05 17:25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript is an excellent review regarding B19 parvovirus associated encephalitis and encephalopathies. The authors review 34 reported cases in the literature and focused on both clinical and serological profiles. The manuscript itself is good and worth publication. Some suggestions for an improvement of the paper are; - Regarding epidemiology, as the disease results from viral infection, geographical distribution, source of infective agents, any seasonal variation, ethnic-social association might interest the readers. - Regarding imaging characteristics, if the authors have some from their own case that may depict typical radiologic feature, it may help the reader understand more clearly. Some typing errors; Page 2: immune-compromised > immunocompromised Page 2: underlying disease > underlying diseases Page 2: disturned consciousness > alteration of consciousness Page 5: EEG (abbreviation not stated before) Page 8: IVIG (abbreviation not stated before)

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics
ESPS manuscript NO: 20819
Title: Acute encephalitis and encephalopathy associated with human parvovirus B19 infection in children
Reviewer's code: 00742009
Reviewer's country: Singapore
Science editor: Xue-Mei Gong
Date sent for review: 2015-06-26 15:54
Date reviewed: 2015-07-05 22:55

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[Y] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a mini-review of acute encephalitis/encephalopathy associated with Parvovirus B19 infection. The topic is an interesting one and is relevant to common pediatric practice. There are a few comments/queries. 1. The definition of acute encephalopathy is acceptable. However, the definition of acute encephalitis is NOT. Seizures or focal neurologic signs do not necessarily imply central nervous system inflammation. They are compatible with encephalopathy but not necessarily encephalitis. Moreover, in the presence of systemic infection caused by the Parvovirus, fever per se does not imply central nervous system inflammation. 2. The authors have avoided the use of central nervous system involvement due to Parvovirus B19 in their manuscript. Note that 6 of the 34 patients do not have cerebrospinal pleocytosis, virus-specific IgM or DNA to support a diagnosis of Parvovirus encephalitis. Among these 6 children, 3 have pre-existing hematological diseases complicated by aplastic crisis during the infection. The possibility that the acute encephalopathy may be related to a peripheral or para-infectious cause remains. 3. Sickle cell disease or sickle cell-beta thalassemia are not considered immunocompromising conditions. 4. Of the 3 mortalities, 2 are

BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

newborn infants with presumably disseminated infections and congenital anomalies. These 2 babies probably belong to a special group that is different from the rest of the cases. 5. The authors are right to conclude that specific therapy for Parvovirus-associated encepahlopathy/encephalitis cannot be recommended based on the review. Indeed, in the absence of specific viricidal treatment, the use of corticosteroid can be dangerous unless a direct viral encephalitis has been excluded.