PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76972

Title: Acute cytomegalovirus hepatitis in an immunocompetent patient

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03478000

Position: Peer Reviewer

Academic degree: PhD

Professional title: Academic Research, Research Assistant, Research Scientist

Reviewer’s Country/Territory: Bosnia and Herzegovina

Author’s Country/Territory: Taiwan

Manuscript submission date: 2022-08-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-15 20:18

Reviewer performed review: 2022-08-25 21:58

Review time: 10 Days and 1 Hour

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<th>Grade C: Good</th>
<th>Grade D: Fair</th>
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Conclusion

Accept (High priority)  Accept (General priority)
Minor revision  Major revision  Rejection

Re-review

Yes  No

Peer-reviewer

Peer-Review: Anonymous  Onymous

https://www.wjgnet.com
SPECIFIC COMMENTS TO AUTHORS
1. Authors should provide more information about the methods they used to diagnose CMV infection. Are there any data about pp65 antigen? 2. Was there any measurement of IgG levels? Has IgG avidity been tested? 3. There is a clinical, laboratory and serology data about patient. Abdominal imaging of liver and spleen should be also provide.
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**Peer-review model:** Single blind

**Reviewer’s code:** 02860897

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** Japan

**Author’s Country/Territory:** Taiwan

**Manuscript submission date:** 2022-08-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-20 08:38

**Reviewer performed review:** 2022-09-29 14:40

**Review time:** 9 Days and 6 Hours

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| Re-review        | [ ] Yes | [ ] No |

| Peer-reviewer    | Peer-Reviewer: [ ] Anonymous | [ ] Onymous |


SPECIFIC COMMENTS TO AUTHORS
In this case report, exclusion of other causes is insufficient such as type E hepatitis. A liver biopsy is essential for a definitive diagnosis especially in healthy subjects. CMV is a resident virus. Therefore, in this paper, the possibility other than CMV cannot be ruled out.
Name of journal: World Journal of Clinical Cases

Manuscript NO: 76972

Title: Acute cytomegalovirus hepatitis in an immunocompetent patient

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 00069837

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Full Professor

Reviewer’s Country/Territory: Argentina

Author’s Country/Territory: Taiwan

Manuscript submission date: 2022-08-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-22 12:24

Reviewer performed review: 2022-10-02 12:32

Review time: 10 Days

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| Re-review          | [Y] Yes | [ ] No |

| Peer-reviewer      | Peer-Review: [Y] Anonymous | [ ] Onymous |


SPECIFIC COMMENTS TO AUTHORS

This case reported by Wang et al. is a very interesting topic thoroughly developed by the authors, however several issues will have to be modified before this manuscript can be published.  Abstract - The last line should read “...antiviral therapy within 12 days from the onset of symptom” - A short comment regarding the lack of serological and viral markers for E virus should be included in this section.  Introduction - The introduction is too short and should describe in more detail what is reported in the literature on this topic. Case Report - The duration of symptoms has not been specified by the authors in this section. - The degree of splenomegaly and its characteristics (homogeneous ?) should be described in the ultrasound findings.  Discussion - The authors should specify that CMV in the immunocompetent patient does not need treatment and not that the patient was not treated because of drug toxicity or lack of hepatic decompensation.  - The indication for hospitalization in a patient who had only constitutional symptoms where hepatitis did not present any serious risk should be better discussed.