OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

Iranian Journal of Pediatrics
Article DOI: 10.5812/ijp.105261
Published in: Iranian Journal of Pediatrics: 31(2); e105261

Peer Review Report for "Wilson's Disease with Hepatogenous Diabetes: A Case Report"

Author(s): Shuwen Zhong, Zhaohui Deng, Lirong Jiang, Jingqing Zeng, Tingting Yu

Review Timeline:

Submit Date: 18 May 2020
Revised Date: 1 Sep 2020
Accepted Date: 3 Sep 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 23 Jun 2020

Dear AE,
This manuscript needed more investigation for persistent diarrhea. Please author response about no looking for endoscopy for portal hypertension as well look for malabsorption.
Thnaks

Robabeh Ghergherehchi: Reviewer | **Revision** (0) — 23 Jun 2020

Dear AE,
Diabetes developed as a complication of cirrhosis is known as hepatogenous diabetes (HD). Around 30% to 60% of cirrhotic patients suffer from this metabolic disorder. Insulin resistance in muscular, hepatic, and adipose tissues as well as hyperinsulinemia, seem to be pathophysiologic bases for HD.
Patients with Wilson's disease if complicated with liver cirrhosis are liable to develop impaired glucose tolerance and in the long run, they may develop hepatogenous diabetes. As the author has mentioned in the article, the association between liver cirrhosis and diabetes was first described in the 1960s, so blood glucose levels must be carefully monitored in end stage patient with Wilson's disease.
Thanks

Mandana Rafeey: Associate Editor | **Revision** (0) 23 Jun 2020

Dear EIC,
This article had attractive information for the reader .please changed the style for a case report of journal information. main cas report in the text was very long and needs shorter .please insert lab data in table and deleted from text. The discussion also needs shortened .some references were very old and need to be changed with a new one.
Thanks

REFEREE: EIC | **Revision** (0) 24 Jun 2020

Dear Authors,
Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by three reviewers and an Associate Editor. I now have the reports of the Referees, which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.
Thanks

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewer 1:

No comment

Reviewer 2:
Diabetes developed as a complication of cirrhosis is known as hepatogenous diabetes (HD). Around 30% to 60% of cirrhotic patients suffer from this metabolic disorder. Insulin resistance in muscular, hepatic and adipose tissues as well as hyperinsulinemia, seem to be pathophysiologic bases for HD.
Patient with Wilson's disease if complicated with liver cirrhosis are liable to develop impaired glucose tolerance and on the long run, they may develop hepatogenous diabetes.
As the author has mentioned in the article, the association between liver cirrhosis and diabetes was first described in the 1960's, so blood glucose levels must be carefully monitored in end stage patient with Wilson's disease.

*Response:*We thank the reviewer for their comments. Although the association between liver cirrhosis and diabetes was first described in the 1960s, it was rarely studied for a long time. WD has been reported to be associated with elevated liver enzymes, hypoproteinemia, and coagulopathy. However, to the best of our knowledge, altered glucose metabolism has not been reported in patients with WD. We report a child who was diagnosed as having WD with HD in this article.

Reviewer 3:
This manuscript needed more investigation for persistent diarrhea
Please author response about no looking for endoscopy for portal hypertension as well look for malabsorption

Response: We thank the reviewer for the suggestion. With regard to persistent diarrhea, apart from intestinal barrier dysfunction and bacterial translocation mentioned in the original manuscript, protein-losing enteropathy (PLE) is the most probable cause. Portal hypertension can lead to secondary intestinal lymphangiectasia and it has previously been proposed as a cause of PLE in patients with liver cirrhosis. Upper endoscopy is helpful for identifying the presence of esophageal varices and portal hypertensive gastropathy. The typical appearance of intestinal lymphangiectasia is white-tipped villi and white mucosa. Therefore, endoscopy is important for determining portal hypertension, as well for intestinal lymphangiectasia. However, endoscopy was not performed in our patient because of thrombocytopenia and severe coagulopathy. Abdominal contrast computed tomography of our patient showed portal hypertension.

Associate Editor's comments

Associate Editor 1:
this article had attractive information for the reader .please changed style for a case report of journal information . main cas report in the text was very long and needs shorter .please insert lab data in table and deleted from text . The discussion was also need shortened .some references was very old and need to be changed with new one.

Response: We thank the Associate Editor for the suggestions. Our case report is slightly longer than as usual because of the details of this case. We have attempted to shorten the manuscript. We hope that our manuscript is now suitable for publication in the *Iranian Journal of Pediatrics*.

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) — 5 Aug 2020

Dear AE,
By consideration of portal hypertension as a trigger of intestinal lymphangiectasia, therefore I am convinced of no diarrhea investigation at least under the hypothesis.
All the same because of the attractive issue for readers I accepted the present manuscript for publication.
Thanks

REFEREE: Reviewer | **Revision** (1) — 9 Aug 2020

Dear AE,
The table must be corrected.
Thanks

Mandana Rafeey: Associate Editor | **Revision** (1) — 10 Aug 2020

Dear EIC,
The table should be summarized and only important items should be mentioned in it. The table should be adapted to the format of the journal. Abbreviations should be written below the table.
Discussion must be shorter and Please avoid duplicate information.
Thanks

REFEREE: EIC | **Revision** (1) — 10 Aug 2020

Dear Authors,
The second round of peer review of your manuscript is completed. I now have the reports of the Referees, which suggest that your manuscript needs some more minor correction.
Thanks

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Reviewer 1:

Thank for explanation
By consideration of the portal hypertension as trigger of intestinal lymphangiectasia therefore i convinced for no diarrhea investigation at least under hypothesis
All the same because attractive issue for readers i accepted the present manuscript for publication.

Response： Thank you very much.

Reviewer 2:
with regard
the table must be corrected.

Response: We thank the reviewer for the suggestion. We have corrected the table in our manuscript.

Associate Editor's Comments:

Associate Editor 1:
The table should be summarized and only important items should be mentioned in it.
The table should be adapted to the format of the journal. Abbreviations should be written below the table.
Discussion must be shorter and Please avoid duplicate information.

Response: We thank the Associate Editor for the suggestions. We have attempted to shorten the discussion and modify the table. We hope that our manuscript is now suitable for publication in the *Iranian Journal of Pediatrics*.

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (2) 3 Sep 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (2) 3 Sep 2020

Dear Authors,
The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.
Thanks