



**Baishideng  
Publishing  
Group**

7901 Stoneridge Drive, Suite 501,  
Pleasanton, CA 94588, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 35553

**Title:** Clinical outcome comparison between transcatheter selective superior mesenteric artery urokinase infusion therapy and transjugular intrahepatic portosystemic shunt in patients with cirrhosis and acute portal vein thrombosis

**Reviewer's code:** 02944278

**Reviewer's country:** Italy

**Science editor:** Li Ma

**Date sent for review:** 2017-08-01

**Date reviewed:** 2017-08-02

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"/> 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Extremely interesting paper who analyze two different approaches for treatment of portal thrombosis, increased value by the RCT. The paper in well written, with the analysis of all aspect influencing this pathological alteration of portal flow. The only limitation of the study is the number of patient. I think that 40 vs 40 could evidence differences who now are just hint by the small cohort of patients.



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**Manuscript NO:** 35553

**Title:** Clinical outcome comparison between transcatheter selective superior mesenteric artery urokinase infusion therapy and transjugular intrahepatic portosystemic shunt in patients with cirrhosis and acute portal vein thrombosis

**Reviewer's code:** 01490498

**Reviewer's country:** United Kingdom

**Science editor:** Li Ma

**Date sent for review:** 2017-08-01

**Date reviewed:** 2017-08-14

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"/> 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 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 type="checkbox"/> No	

**COMMENTS TO AUTHORS**

This small RCT compared transcather SMA urokinase infusion vesrus TIPSS in patients with cirrhosis and acute PVT. It is fairly novel if rather small trials. I have some comments; Major 1. The major omission is an arm where patients were treated with anticoagulation alone. This would be heparin followed by warfarin. A recent meta-analysis showed anticoagulation to be effective in cirrhosis and PVT (PMID: 28479379) Subjecting a patient to the risks of thrombolysis and TIPSS may not actually be necessary. I am not aware of other studies comparing anticoagulation alone with thrombolysis/TIPSS in acute PVT. 2. It is not clear if all patients had an endoscopy to check for varices prior to thrombolysis. This is essential especially as a significant number of patients had a history of previous bleeding. 3. It is clear that it is patients with grade I and II PVT that benefit the most. This should be emphasised. Minor: 1.



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In the TIPSS arm how long were patients maintained on warfarin? 2. I am not sure what is meant by shunt dysfunction in the SMA group. I don't think a shunt was created in this group? 3. There are several errors in the references with duplication. 4. The EASL guidelines on vascular liver diseases should be referenced.