

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 41948

**Title:** Parallel transjugular intrahepatic portosystemic shunt with Viatorr® stents for transjugular intrahepatic portosystemic shunt insufficiency: A case report and review of literature

**Reviewer's code:** 03024263

**Reviewer's country:** Russia

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-08-31

**Date reviewed:** 2018-09-05

**Review time:** 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Authors provide a three-case series of parallel TIPS placement using Viatorr® Stents with post-procedural outcomes. The material presented by them is quite unique. Since in



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1998, Dabos et al. first described a series of 29 patients undergoing the parallel shunts, the effectiveness of parallel TIPS in treating shunt insufficiency had been demonstrated along with other options such as re-stenting and balloon angioplasty. However, I did not really meet the report of a case series with 6 month follow-up data, using Viatorr® Stents for both primary TIPS and parallel TIPS placement for the management of recurrent upper gastrointestinal variceal hemorrhage. Larger series and multicenter trials with a prospective design are required to validate the results obtained assumptions.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

- ☐ The same title
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**Manuscript NO:** 41948

**Title:** Parallel transjugular intrahepatic portosystemic shunt with Viatorr® stents for transjugular intrahepatic portosystemic shunt insufficiency: A case report and review of literature

**Reviewer's code:** 00012506

**Reviewer's country:** United Kingdom

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-09-26

**Date reviewed:** 2018-10-01

**Review time:** 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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## SPECIFIC COMMENTS TO AUTHORS

It is an interesting case series of an uncommon procedure. It is acceptably written. There was a publication of 10 cases in W J Gastroenterology which the authors don't cite (He



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FL, WJG 2014), and thus publishing it in the WJH would be duplication. But it could be published in another more appropriate journal of the group.

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## PEER-REVIEW REPORT

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**Manuscript NO:** 41948

**Title:** Parallel transjugular intrahepatic portosystemic shunt with Viatorr® stents for transjugular intrahepatic portosystemic shunt insufficiency: A case report and review of literature

**Reviewer's code:** 03262644

**Reviewer's country:** Bosnia and Herzegovina

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-09-26

**Date reviewed:** 2018-10-07

**Review time:** 11 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Well written manuscript revealing that parallel TIPS in cases with primary TIPS haemodynamic dysfunction may protect the patient from further portohypertensive

complications, at least for the short term postprocedural period. It appears based on these 3 cases and other previously reported by other authors, that these otherwise very sick patients with very bad prognosis may be stabilized and undergo liver transplantation in optimal condition. This approach needs further independent validation to reach final conclusions, but the authors clearly demonstrated feasibility and clinical effectiveness of parallel TIPS as the valuable option for relieving detrimental effects of portal hypertension.

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**Reviewer's code:** 00723296

**Reviewer's country:** Romania

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-09-26

**Date reviewed:** 2018-10-09

**Review time:** 13 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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## SPECIFIC COMMENTS TO AUTHORS

Although there is no enough data about the role and the indications of PS for incomplete control of PHT related complication after primary TIPS insertion the subject is

interesting and only small case series were reported by now. Usually a PS is indicated if PSG is not decreasing enough ( $< 10\text{-}12\text{ mmHg}$ , depending of the indication) despite maximal dilatation of the primary stent or if complete occlusion occurred with failure of recanalization of primary stent. Both situations are very rare and careful analysis of the cases should be done. In the present manuscript all three cases have some particularities that deserve special attention and more data. - in first case, after repeated esophageal variceal bleeding a first TIPS was inserted with a good PSG response ( $9\text{ mmHg}$  in the revision); 4 months later the patient rebleed from IGV despite the good functioning of the TIPS. A portal vein thrombosis with prehepatic portal hypertension that could occur in the context of pancreatitis or coil embolization could be the explanation for development of IGV. It is also known that gastric varices may bleed also at lower PSG (in this situation the IGV should be already present before the first TIPS). The authors should discuss largely about these hypotheses and offer more details (as cross sectional imaging before PS). - the second case is suggestive for the concept that TIPS insertion is a bridge therapy until transplantation despite the fact that may control complications for long time - in the 3rd case, the authors don't offer enough details about the source of rebleeding after first TIPS placement. "EGD showed large amount of red blood in the gastric fundus" is not enough. The bleeding could be related to ulceration from previous banding. With PSG of  $9\text{ mmHg}$  the bleeding from esophageal varices is usually controlled. Suggestions: - the tables are not essential for the subject. The aggravation of the MELD score in all 3 cases may be discussed in the text. - information in the description of the cases could be better concentrated on the essential. Thus phrases as "Patient underwent paracentesis and was discharged with TIPS recanalization scheduled on a later date" could be deleted. In this form the manuscript looks too large for a case report. - instead of 3 Tables without essential information the authors could create a single table with all 3 cases and PSG before and





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after 1st TIPS and PS. The US velocities could be also introduced in this Table and eliminated from the text.

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