



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 53231

**Title:** Optimal treatment strategies for hepatic portal venous gas: A retrospective assessment

**Reviewer's code:** 01221925

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's country:** Greece

**Author's country:** Japan

**Manuscript submission date:** 2019-12-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2019-12-26 08:10

**Reviewer performed review:** 2019-12-26 14:21

**Review time:** 6 Hours

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 type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" 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 checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting paper where the authors present their experience with Hepatic Portal Venous Gas (HPVG) and the management of these very challenging patients. Could the authors please respond to the following questions/comments? 1) How was it decided which patients would go into the surgery and which ones into the conservative management group? 2) Does the example of the 3/12 patients who would have gone to surgery had it not been for other comorbidities and who eventually still survived, raise any questions about the overall decision algorithm? 3) From the whole group, how many patients were persistently symptomatic, ie some patients may experience an episode of melena without abdominal pain or experience abdominal pain briefly which then resolves? How many had a milder presentation and how many a more acute? 4) The authors mention “shock” as a deciding factor: a) how do they define shock?, b) if the patient was in shock, wasn’t that an indication to proceed to surgery, rather than manage conservatively? And c) at what point of the encounter did the shock appear, ie was it there from the beginning or did it appear later? 5) Can the authors propose an algorithm regarding the management of these patients? 6) What are the plans for validation studies?

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

##### *Google Search:*

- The same title
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