

## PEER-REVIEW REPORT

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

**Manuscript NO:** 57493

**Title:** Metabolic syndrome and liver disease in the era of bariatric surgery: What you need to know!

**Reviewer's code:** 03815210

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Singapore

**Author's Country/Territory:** Greece

**Manuscript submission date:** 2020-06-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-06-18 08:30

**Reviewer performed review:** 2020-06-20 05:57

**Review time:** 1 Day and 21 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Dear Authors, Thank you for your manuscript. I enjoyed reading it. I do have some comments for your kind review

1. the division of procedure based on perceived mechanisms of restriction and malabsorption is a concept that even the surgical fraternity is trying to say good bye to and most updated published data would seem to suggest multiple downstream effects of bariatric surgery that result in weight loss and metabolic amelioration and not only restriction or malabsorption. One such example is "Mechanisms of Diabetes Improvement Following Bariatric/Metabolic Surgery" by Davide E Cumming that was published sometime back in Diabetes 2. In the RYGB section you have alluded to remission of comorbidities and in mention them you have spoken of hypertension, hyperlipidemia and etc. But like diabetes there is resurgence after sometime and thus may be its worthy to mention that hyperlipidemic patients may still benefit from life long therapy and blood pressure medications should be tailored to need
3. Post-operative complications of RYGB - inguinal hernia? please cross check again
4. In the SG section - you speak of loss of ghrelin as the main driver for weight loss after SG but studies have shown this not to be the case as well
5. in the SG section you state "Postoperative, most insulin-dependent patients ....." the sentence gives me an impression that SG is not worth for treating patients with diabetes. In this particular group of patients even the best bypass procedure may not be able to deliver remission and thus for a simple procedure to achieve lower dosing of medications and improving glycemia is a great achievement to me.
6. SG in nutritional deficiency - you claim nutritional complications to be only present in RYGB - not really true LSG patients have iron, B12, vitamin D deficiencies too so they are not exclusive to RYGB
7. SG in super super obese individuals as similar morbidity as compared to others
8. BPDS - I wouldn't say its restricted to super super obese patients, please refer to ASMBS



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guidelines for procedures 9. BPDS - a major set back is the need for very stringent compliance to supplementation failing which fat soluble vitamin deficiencies are inevitable 10. ASMBS recommendation is life long supplementation after all bariatric procedures not only RYGB and BPDS 11. I would like to see something written on how bariatric surgery impacts different stages of the NASH - cirrhosis. when to recommend it and when patients are not suitable for it.