



PEER-REVIEW REPORT

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Title: Current State of Endohepatology: Diagnosis and Treatment of Portal Hypertension and its Complications with Endoscopic Ultrasound

Reviewer's code: 03317331

Position: Peer Reviewer

Academic degree: MD

Professional title: Attending Doctor

Reviewer's Country/Territory: Taiwan

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Reviewer chosen by: Man Liu

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

In this study, Sean R Rudnick, Jason D Conway and Mark W Russo reported a comprehensive review about the current application of endosonography (EUS) for the diagnosis and treatment of portal hypertension. With EUS- guided and color doppler ultrasound visualization, liver biopsy, portal pressure measurement and gastric varices obliteration could be performed. This review includes updated reports and meta-analyses. I have some minor questions: 1. According to the figure 2, ascites is a contraindication for EUS-FNB. Is there any report about the application of EUS-FNA in patients with portal hypertension but minimal ascites? For example, a patient with one tumor in the caudate lobe but only localized ascites in the right sub-diaphragm area, EUS-FNB may be a feasibility. 2. Do authors review the comparisons of procedure time or cost between PC LB, TJ-LB and EUS-LB? 3. In clinical practice, larger needle size, such as 18 or 19 gauge needle, are used in percutaneous liver biopsy. Small needle, such as 22 or 25 gauge needle are used in EUS-guided FNB. The captured volume of specimens may also be different between the different designs of core needles. Studies by EUS-FNA or EUS-FNB should be analyzed separately. Moreover, EUS-FNB is a trend to capturing more liver tissue and equal adverse effects than FNA. 4. Is there any report concerned the application of EUS for portosystemic shunt to resolve the portal hypertension?