

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 78966

Title: Quantitative assessment of HBV-related Portal Hypertension with CT Liver and

Spleen perfusion: A Correlation Study with HVPG

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06143470

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: China

Manuscript submission date: 2022-08-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-11 08:53

Reviewer performed review: 2022-08-24 13:01

Review time: 13 Days and 4 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting study of quantitative assessment of HBV-related portal hypertension with CT liver and spleen perfusion. The aim of the study is clear, and findings are well. The manuscript is well written, however, it should be edited and updated according to the journal's guideline. Moreover, the qualities of the images are not high. Please update and replace the images.



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Peer-review model: Single blind

Reviewer's code: 06140414

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-08-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-11 08:54

Reviewer performed review: 2022-08-24 13:02

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Baishideng **Publishing**

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA Telephone: +1-925-399-1568 E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com

Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

HVPG is an invasive procedure, requiring standard operational skill, which has limited its wide application for evaluation of therapeutic effect or long- term follow-up. Accumulating studies have been focused on noninvasive evaluation of HVPG, including anatomy, lab results, liver function, liver and spleen stiffness, and even computation simulation modeling. But none of these methods has demonstrated satisfactory accuracy and reproducibility. In this study, the authors explored the relationship between quantitative indices of CT perfusion with HVPG and Child-Pugh score, and to investigate feasibility of CT perfusion as a noninvasive imaging tool for HVPG in gastro-esophageal variceal bleeding induced by HBV related portal hypertension. The study is very well designed. The methods are clear, and reasonable. Results are well displayed and discussed. Also, the limit of the study is listed, and discussed. In my opinion, this study can be accepted for publication after a minor correction. Comments: 1. The manuscript requires an editing. Some minor language polishing should be corrected. May be a professional editing company can be help. 2. The abstract is missing in the manuscript, please add it. 3. Tables and figures should be moved to the end of the manuscript. 4. The references list should be edited.



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Reviewer's code: 06140422

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: The Netherlands

Author's Country/Territory: China

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Re-review	[]Yes [Y]No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This study was designed to explore the relationship between quantitative indices of CT perfusion with HVPG. The topic is attractive, and the findings are interesting. The reviewer found the manuscript was well written. A minor editing is required before the final publication. Thank you very much.