

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 82193

Title: Reduction of portosystemic gradient during transjugular intrahepatic portosystemic shunt achieves good outcome and reduces complications

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03024263

Position: Associate Editor

Academic degree: DSc, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2022-12-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-19 13:53

Reviewer performed review: 2022-12-20 17:00

Review time: 1 Day and 3 Hours

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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Despite the using an expanded PTFE-covered stent graft (Viatorr) have improved patency rates and clinical outcomes compared to bare metal TIPS, hepatic encephalopathy remains a pertinent post-procedural complication as portosystemic shunt physiology can trigger or worsen hepatic encephalopathy. Given the potential relationship between portal decompression and hepatic encephalopathy, efforts have been made to develop techniques to balance the desired therapeutic effect while minimizing over-shunting. In this well planned a multicenter retrospective study, the authors found that patients who underwent TIPS with PSG reduced by one third of baseline and reduced to < 12 mmHg had similar successful clinical outcomes, but the former had a lower rate of hepatic encephalopathy and liver damage. To reduce PSG by one third of basal value, the stent was not fully expanded, the diameter was retained, and the pressure was measured several times until it was reduced by one third. It should be noted that this technique will only be effective if assuming that the not fully dilated stent will not expand significantly over time. For this reason, previously published studies have shown contradictory results of sub-maximally dilate a 10 mm TIPS. The present study is limited by its retrospective design, therefore, multicenter randomized controlled trials are required to confirm the results obtained.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05213310

Position: Editorial Board

Academic degree: PhD

Professional title: Adjunct Professor, Full Professor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

Manuscript submission date: 2022-12-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-25 07:58

Reviewer performed review: 2022-12-25 08:19

Review time: 1 Hour

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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

1. The article's title should be changed and re-converted to be more appealing. 2. The study's abstract should be shortened because it contains a lot of information that can be omitted. 3. Keep in mind that only the most important findings from the study should be included in the results section of the study abstract. 4. Try to condense the study's introduction into two to three paragraphs at most. 5. Including related references in the method paragraph to provide additional support for the study protocol. 6. I would like the author(s) to include an explanation in the statistics section of the study methodology section that explains the justifications for selecting the statistical method that was used in data analysis. 7. Adding numerical values to the statistical images, specifically images 1-4, is required, so this must be considered. 8. Consider emphasizing the current study's strengths, weaknesses, and future directions in the discussion section. 9. If possible, I would like the author(s) to separate the conclusion from the discussion section. 10. I proposed that the total of 36 references is too many for a research paper. It can be reduced by removing references from before 2015, while keeping more important references and avoiding irrelevant ones. Good Luck,