



PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 82605

Title: Intracranial Pressure Monitoring in The Perioperative Period of Patients with Acute Liver Failure Undergoing Orthotopic Liver Transplantation

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03755068

Position: Peer Reviewer

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Canada

Manuscript submission date: 2022-12-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-07 08:59

Reviewer performed review: 2023-01-08 07:20

Review time: 22 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I read with interest this review paper on intracranial pressure monitoring for intracranial hypertension in patients with acute liver failure. The topic is matter of debate among Experts, therefore the paper has merit. In the first part, the Authors briefly described pathophysiology of elevated ICP in ALF patients. In the second part, they summarized the ongoing indications provided by International Societies, including timing and risk factors for invasive ICP monitoring. In the last section, they described their own protocol.

I congratulate the Authors for this paper. I have only few suggestions - The title dealt with patients with ALF undergoing liver transplantation. Is there a difference on invasive ICP measurement between patients having or not an indication to transplantation? If no, I suggest to remove the words liver transplantation from the title - I suggest the Authors to add a Table with recommendations of ICP monitoring provided by current guidelines (EASL, AASLD, Critical Care Medicine) - I suggest to highlight who are the patients who may benefit from ICP monitoring according to risk factors. - Page 7, line 176: the Authors said that invasive ICP monitoring has been recommended by the European Guidelines only in patients with high risk of



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hemorrhage. Please double check -The Authors spoke about risk of intracranial hemorrhage after device placement. What about infectious risk or risk of dislocation?



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Reviewer’s code: 03668558

Position: Editorial Board

Academic degree: MD

Professional title: Consultant Physician-Scientist, Doctor

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: Canada

Manuscript submission date: 2022-12-23

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-03-05 15:09

Reviewer performed review: 2023-03-06 07:11

Review time: 16 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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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

This was a review on intracranial pressure monitoring for intracranial hypertension in patients with acute liver failure. In the first part, the Authors briefly described pathophysiology of elevated ICP in ALF patients. In the second part, they summarized the ongoing indications provided by International Societies, including timing and risk factors for invasive ICP monitoring. In the last section, they described their own protocol.

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