

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 84622

Title: Acute-on-chronic liver failure is independently associated with higher mortality for cirrhotic patients with acute esophageal variceal hemorrhage: retrospective cohort study

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05394499 Position: Peer Reviewer Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: Brazil

Manuscript submission date: 2023-03-22

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-22 12:17

Reviewer performed review: 2023-03-23 16:35

Review time: 1 Day and 4 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty



Creativity or innovation of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, you presented a well-written manuscript presented a retrospective study with the research question if the acute esophageal variceal bleeding, which is a common complication of liver cirrhosis, might precipitate to the development of multi-organ failure, causing acute-on-chronic liver failure (ACLF). I found that your inclusion and exclusion criteria were precisely defined and your research results were clear presented. The conclusion that ACLF is independently associated with higher mortality in liver cirrhosis patients with acute esophageal variceal bleeding may find important clinical implications. I have no further questions or queries, pertaining to your manuscript. Best Regards



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Reviewer's code: 03024263 Position: Associate Editor

Academic degree: DSc, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: Brazil

Manuscript submission date: 2023-03-22

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-29 14:01

Reviewer performed review: 2023-04-02 05:35

Review time: 3 Days and 15 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [Y] Grade D: No novelty



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Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors analyze the association of ACLF with mortality of cirrhotic patients, hospitalized with acute esophageal variceal bleeding. The adverse effect of ACLF and its mechanisms in this clinical situation has been established and well described previously. Several studies have also shown that portal pressure control in patients with ACLF, in particular, by non-selective beta-blockers or TIPS, reduces the risk of variceal rebleeding and improves survival. Thus, the authors should more clearly show the novelty of their research. They should think about stratifying patients by risk groups and identify those who need more aggressive treatment than only non-selective beta-blockers (e.g., TIPS), reducing the severity of systemic inflammation, as well as liver transplantation (I do not know the capabilities of this institution). This requires a large-scale prospective cohort. I strongly recommend that the authors re-read the text and correct typos (e.g., "thypersplenism"), explain the abbreviation "DC", make Figure 1. more readable.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Invited 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: Brazil

Manuscript submission date: 2023-03-22

Reviewer chosen by: Yu-Jie Ma

Reviewer accepted review: 2023-04-17 09:15

Reviewer performed review: 2023-04-17 14:39

Review time: 5 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] 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



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Peer-reviewer Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I have no comments on the text of the manuscript. The Figure 1 is not informative enough.