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PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 90669

Title: Palliative long-term abdominal drains vs large volume paracenteses for the

management of refractory ascites in end-stage liver disease.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07717220 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-17 06:52

Reviewer performed review: 2023-12-27 09:05

Review time: 10 Days and 2 Hours

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	[] Grade D: Fair [] Grade E: Do not publish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



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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	[] 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) [] 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 study compared the effectiveness and safety of palliative LTAD and LVP in refractory ascites secondary to end-stage chronic liver disease by retrospective, observational cohort study. 1. The study design needs to be clearly defined in the abstract. 2. The small sample size (30 experimental groups, 19 control groups) affects the reliability of the results. Does the author consider extending the review time and increasing the sample size. 3. Limitations need to indicate that the current evidence quality and credibility are insufficient. In the future, larger sample study is needed, and it is recommended to conduct RCT to further validate the results. 4. The appendix needs to be provided to describe the other treatment methods received by these individuals during the period. 5. Potential confounding factors should also be described more clearly 6. Multiple subgroup/stratified analyses should be considered to eliminate potential confounding effects and enhance the reliability and stability of the results 7. Security should be described in the form of a table for easy reading by readers.