

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 34551

**Title:** Diagnostic and therapeutic challenge of heart failure after liver transplant: Case series

**Reviewer's code:** 00012156

**Reviewer's country:** Japan

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-05-10

**Date reviewed:** 2017-05-18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors reported case series of heart failure associated with LT. Discussion was well-organized with review of literatures. This is well-written and enough as a literature review. However we noticed several concerning points which should be addressed. Major comments; 1. Because of relatively high incidence of CAD after LT, why didn't the authors consider cardiac angiogram under the situation of CKMB positives? Missing MI is critical, and some case might be reversible by stenting. Did they have a good reason? 2. Immuno-suppression (IS) has side effects on suppressing cardiac function. Did the authors consider changing IS regimens? 3. The number of reference is too small for this type of article. The authors should increase more. English A, content A (accept),

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Hepatology

**Manuscript NO:** 34551

**Title:** Diagnostic and therapeutic challenge of heart failure after liver transplant: Case series

**Reviewer's code:** 02530754

**Reviewer's country:** Spain

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-05-10

**Date reviewed:** 2017-05-19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The present manuscript is a case series of 6 patients who received a liver transplantation and developed major cardiovascular events in the early post-operative phase. The manuscript is structured in a description of cases, a discussion and review of the literature and a conclusion. Although the topic is of high interest, the manuscript in its present form makes it hard to extract novel information to be implemented in clinical practice. The authors should focus the manuscript in providing pragmatic recommendations to avoid early cardiovascular events. With this purpose, the authors are kindly invited to consider the following recommendations: 1- A table summarizing pre-transplant cardiovascular work-up, clinical presentation and outcomes in the patients included would be helpful for the reader to understand the similarities and disparities among included clinical cases. 2- In light of the clinical experience derived from these cases, How could cardiovascular pre-transplant assessment be improved in

their clinical setting? There are some proposals in the literature for cardiovascular assessment in the transplant setting, which should be put into perspective here. 3- Aligning with the previous comment, What can be learned in terms of peri-operative cardiovascular management? 4- The authors may consider including an algorithm proposal for patients showing cardiac failure in the early post-transplant phase.