Baishideng Publishing Group

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
Manuscript NO: 35743
Title: Liver atrophy after percutaneous transhepatic portal embolization occurs in two histological phases: hepatocellular atrophy followed by apoptosis
Reviewer's code: 02860653
Reviewer's country: Ukraine
Science editor: Yuan Qi
Date sent for review: 2017-08-07
Date reviewed: 2017-08-28
Review time: 21 Days

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

COMMENTS TO AUTHORS

The manuscript `Liver atrophy after percutaneous transhepatic portal embolization occurs in two histological phases: hepatocellular atrophy followed by apoptosis` by Iwao Y et al. is a very interesting contribution. The study also potentially impacts on understanding ischemia-related pathophysiology in liver relevant for development of many diseases. Comparison of human and pig records, yet does not seem finally reliable, is a good example of sophisticated merging data to assure translation. Some minor revisions might impve the overall contribution: What was the clinical background in human specimens, discuss their gender, age, diagnoses, interventions, and the differences of data accordingly, which should crucially matter. Was the regeneration capacity of the liver considered by Authors. Design is not clearly understood during reading article, I would suggest to provide a scheme and present the human/pig data in

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parallel where appropriate (mostly imaging) to let the reader assess results comparatively. In discussion can be included: what therapeutic options could be recommended in each of two phases and chronic ischemia-related liver diseases if relevant. Figures: the scales need to be added on the electronic microcopy and on histology. Some imaging data – e.g., punctures with ultrasonographic guidance could be added. Spelling need some correction (e.g., plenty of intervals missed, etc.), as well English language improvement.