

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 54960

**Title:** Posterior reversible encephalopathy syndrome and heart failure after liver transplantation: A case report and literature review

**Reviewer's code:** 03011567

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-03-01

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-03-02 08:45

**Reviewer performed review:** 2020-03-09 23:04

**Review time:** 7 Days and 14 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

Dr Liu and colleagues report in this manuscript on the coincidental occurrence of PRES and heart failure approximately 1 week to 10 days after liver transplantation for decompensated ESLD. The authors stipulate that Tacrolimus was implicated in both. Although the title does not specifically mention Tacrolimus as the causative factor, this is the conclusion the authors have drawn. The paper is reasonably well written but does require a number of language corrections; this should be addressed through review by a native English speaking expert. I refer to the section where the authors describe psychiatric symptoms as "nonsense shouting and insanity"; could be rephrased as acute confusional state. Rephrase the first sentence on Page 4, 2nd paragraph describing echocardiographic findings. Major comments: Where the diagnosis of PRES brought about by Tacrolimus therapy is very likely in this case, I'm doubtful in relation to Tacrolimus toxicity being the culprit for the new onset HF. Can the authors comment on whether an Echocardiogram was performed pre transplant? Only an ECG was mentioned, with the first Echo being performed on postoperative day 4 when it showed normal LVF with an EF of 60%. The authors base their diagnosis on a previous case report describing potential Tacrolimus induced heart failure post kidney transplant. In addition cardiac structural changes, such as septal hypertrophy and coronary heart disease are well described as longer term side effects induced by CNI and in particular Tacrolimus therapy. The early onset in this case makes this much less likely. BNP was significantly elevated with only very mild Trop I increase. Although the ECG did not show any acute ischaemic changes, I wonder if a stress or Tako Tsubo cardiomyopathy was the most likely aetiology in this case. Tako Tsubo CMP is commonly described in the context of catecholamine surges and in particular in the presence of acute CNS pathologies. The authors should review the TTE images to see whether there was any

evidence of apical ballooning and hypokinesia with preserved basal myocardial contractility. The investigation of choice of course would have been a cardiac MRI. The study by Bowman and Co, Ref 8, in fact describes a number of case reports with suspected Tacrolimus induced CMP. Most of the cases showed cardiac abnormalities only following a significantly longer time of exposure, or were ultimately refuted as being Tacrolimus induced. Unless apical ballooning syndrome / stress cardiomyopathy has definitely been excluded via MRI, I think it should be considered as the most likely cause of the reversible cardiac abnormalities. With reversal of PRES, cardiac function normalised rather than due to Tacrolimus withdrawal. It would therefore be advisable to comment on stress cardiomyopathy its aetiology and clinical presentation, including in patients following liver transplantation in the discussion section of the manuscript.

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**Title:** Posterior reversible encephalopathy syndrome and heart failure after liver transplantation: A case report and literature review

**Reviewer's code:** 00227359

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor, Surgeon

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-03-01

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2020-03-30 19:21

**Reviewer performed review:** 2020-03-30 19:28

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

Please add the "Tacrolimus-induced" in to the Title of the manuscript. The patient was operated on August 2017 and authors gave the 20 months follow-up. Would you mind refresh the follow-up data?