



PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 57178

Title: Findings on Intraprocedural Non-Contrast Computed Tomographic Imaging Following Hepatic Artery Embolization are Associated with Development of Contrast-Induced Nephropathy

Reviewer's code: 04433149

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

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Reviewer chosen by: AI Technique

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|---------------------------|---|
| Scientific quality | <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 Grade E: Do not publish |
| Language quality | <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 |
| Conclusion | <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 |
| Re-review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Peer-reviewer | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |



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statements

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

SPECIFIC COMMENTS TO AUTHORS

I know that those that sustained contrast induced nephropathy were few numbers, but when assessing such few numbers any subject carries a high percentage of chance thus changing the whole statistical analysis. If possible adding more subjects who developed procedural related contrast induced nephropathy could help, as you only reviewed cases till January 2011. I would also like to see the tables comparing both groups. Also renal artery calcification could be due to many etiologies, not only atherosclerosis and thus from the small sample of patients who developed CIN we cannot conclude that renal artery calcification is a cause unless we exclude other causes of calcification or increase the sample size.