



PEER-REVIEW REPORT

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Title: Non-invasive Splenic Parameters of Portal Hypertension: Assessment and Utility

Reviewer's code: 05122583

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Research Fellow

Reviewer's Country/Territory: Italy

Author's Country/Territory: United Kingdom

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Introduction "... with CSPH as the spleen undergoes parenchymal remodelling and fibrogenesis, due to blood pooling in PH (5-7)." SS has been proven to depend on inflammation as well. Given the broad introduction I suggest adding 1-2 lines explaining it. References to cite: 1) PMID: 6206152 - DOI: 10.4254/wjh.v10.i10.731; 2) PMID: 32304009 - DOI: <https://doi.org/10.1007/s40477-020-00456-9> . "fewer studies have looked at the performance of ElastPQ due to its novelty." Given the fact that the authors are performing measure using the ElastPQ evaluation protocol, as a general comment, they should compare their findings to those of authors who used the same protocol. Here you find to interesting articles: Evaluation of SS in healthy individuals and study on double blind agreement of measure: PMID: 31054978 - doi: 10.1016/j.aohep.2019.03.004 These authors developed a predictive model using SS measured ElastPQ procol, and study the use of spleen diameter/area - this may results specifically useful to your introduction/discussion to better explain your results: PMID: 31740162 - doi: 10.1016/j.aohep.2019.09.004 Subject and methods: Authors should clarify the time interval between OGD and SS measurement. Because if the maximum interval is one year, it may be a consistent bias and should be explained as a limitations.

Also, please report the ultrasound machine model (Philips Affiniti 70? IU22?) Aslo, authors should better clarify inclusion/exclusion criteria? Did you include patients undergoing non-selective beta blockers? TIPS? Ongoing liver injury? "Ten measurements were taken from the right lobe of the liver and ten measurements from the spleen. " Were the measure performed all in the same lobe of the liver? How much distance from the liver capsule? Were the measure performed on the lower/upper/middle portion of the spleen? Results As a general comment: when the authors report ROC and AUROC, they should not explain it as correlation, but as discrimination. Please correct this concept. Also the authors should report how the



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logistic regression was performed in the statistical section. Discussion I suggest commenting your results also in the light of the paper cited before (PMID: 31740162 - doi: 10.1016/j.aohep.2019.09.004) Also, in strengths and limitation: this is not the first study, but the one cited above. Authors should also discuss the time interval of one year between elastography and endoscopy.