

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 88892

**Title:** Paying attention to the value of Thrombelastography and the impact of postreperfusion syndrome on outcomes of liver transplantation

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05226494

**Position:** Editorial Board

**Academic degree:** MBBS, MD

**Professional title:** Additional Professor

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

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

**Manuscript submission date:** 2023-10-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-14 04:26

**Reviewer performed review:** 2023-10-16 10:21

**Review time:** 2 Days and 5 Hours

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" 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

Article is very well written and can be accepted for publication.

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**Peer-review model:** Single blind

**Reviewer's code:** 07759418

**Position:** Editorial Board

**Academic degree:** MD, MSc, PhD

**Professional title:** Full Professor, Professor

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

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

**Manuscript submission date:** 2023-10-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-30 04:50

**Reviewer performed review:** 2023-10-30 22:11

**Review time:** 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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<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

The present manuscript is a letter to the editor discussing the work done by Gordon et al published in Wjg in 2021. The manuscript is focusing on two main issues of concern: The method used to assess coagulation in liver transplant pediatric population, and the impact of missing PRS from the list of the confounders. Title: Mentioning the 2 issues of concern should bring more readers with different interests to the publication. Better to be (Paying attention to the value of using Thromboelastography and impact of post reperfusion syndrome on outcome of PLDLT). In the letter: - Reference number (4) was referred to as a work supporting the use of TEG over CCT. However, patients included in this study are trauma patients.; a situation totally different than "liver" "transplantation" situation. It is better here to put a study/trial including hepatic or liver transplant recipients. In view of the authors point of view; why TEG is not that popular in liver transplantation? Many centers allover the world do not depend on TEG in the perioperative period of liver transplantation. limitations of the use of TEG should also be mentioned. Is there any recent clinical guidelines in this respect. A mention of any recommendations (from an international society) is recommended. Kindly revise the



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<https://www.wjgnet.com>

recent clinical guidelines by the European Society of Anesthesiology (2023). The definition of PRS is incomplete. Kindly add that the drop in BP should happen during the first 5-6min after reperfusion of the graft. There should be a hint about the pathogenesis of PRS. IN the conclusion paragraph; the first sentence could be deleted. No need to repeat what was mentioned in the intro.