



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation
ESPS manuscript NO: 21965
Title: Incidence and risk factors for early renal dysfunction after liver transplantation
Reviewer’s code: 00005191
Reviewer’s country: United States
Science editor: Xue-Mei Gong
Date sent for review: 2015-08-13 13:53
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Renal failure is one of the main complications after orthotopic liver transplantation (OLT), with severe impact on early and long-term outcomes and on patients' survival. Highlighting Acute Kidney Injury (AKI) risk factors associated with liver transplantation may help reduce the prevalence of early renal dysfunction. A list of preoperative conditions, as well as the quality of grafts and some postoperative factors may favour the occurrence of AKI after OLT. The manuscript is a single center retrospective study that aims at estimating the incidence and severity of early postoperative renal dysfunction in OLT recipients and at highlighting the perioperative AKI risk factors and their significance, with particular attention to the role of donation after cardiac death (DCD). Data were collected from a consecutive series of 187 patients who underwent OLT at the University Hospital of Liege (Belgium) from January 2006 until September 2012. Patients were divided into four groups according to their renal function. Univariate analysis was performed to identify variables associated with primary outcome as potential confounders. The severity of renal dysfunction was correlated in univariate analysis with patient body mass index, ascites, prior bacterial infection, preoperative bilirubin, urea and creatinine levels, surgical revision, intraoperative vasopressor requirement,



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postoperative mechanical ventilation, postoperative urea, bilirubin, aspartate amino transferase peak levels and minimum hemoglobin levels, ICU length of stay and transfusion of each type of products. The Authors discuss on the following aspects: - preoperative renal impairment; - vasopressor requirements; - anemia and transfusion requirements; - hyperbilirubinemia; - ischemia-reperfusion; - immunosuppressive drugs. In their conclusions, the Authors demonstrate that AKI after liver transplantation is a common complication, considering that more than 50% of liver transplanted patients experienced some degree of early renal dysfunction after transplantation. BMI, hyperbilirubinemia, preoperative renal dysfunction, perioperative circulatory instability requiring the use of vasopressor and postoperative anemia are independent predictors of AKI occurrence. Besides targeting improvement of graft quality, particular attention must be paid to avoid preoperative additive kidney damages, in order to optimize intraoperative hemodynamics and reduce transfusion requirements. The manuscript is well-written and deserves publication, as it carries a useful message to the clinicians involved in transplantation.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

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Title: Incidence and risk factors for early renal dysfunction after liver transplantation

Reviewer's code: 01560464

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

COMMENTS TO AUTHORS

1) The authors retrospectively reviewed the clinical data from 187 patients who were performed orthotopic liver transplantations (OLT), the results indicated that AKI after liver transplantation was a common complication since more than half of liver transplanted patients experienced some degree of early renal dysfunction after transplantation. BMI, hyperbilirubinemia, preoperative renal dysfunction, perioperative circulatory instability requiring the use of vasopressor and postoperative anemia are independent predictors of AKI occurrence. It is important guidance to prevent and treat the AKI after liver transplantation. 2) The content of discussion should be further condensed and refined, the discussion should be described according to authors' clinical data and statistical analysis. 3) I suggest that the article can be published in the form of short communication in World J Transplantation.