

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7343

Title: A historical overview and options for the future in acute variceal haemorrhage

Reviewer code: 01553211

Science editor: Gou, Su-Xin

Date sent for review: 2013-11-15 09:16

Date reviewed: 2013-11-22 12:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors made a historical overview on the issue of acute variceal hemorrhage. This issue has been reviewed in several articles in recent years. The title "options for the future" does not appear to fit this article. Regarding predictors of 5-day treatment failure and 6-week mortality, several articles have presented different variables. Thus, it appears inappropriate to present data of only one report in Table 1 and 2. Table 3 shows comparison of vasoconstrictors. Vasopressin has been suggested to be discarded. The use of Somatostatin instead of vasopressin should be listed in that Table. Table 4 listed controlled trial & meta-analysis studies. However, some important controlled trials and metaanalysis are listed in the Table. Based on D'Amico's meta-analysis, sclerotherapy is equivalent to vasoactive drugs, and Garcia-Pagan's meta-analysis: EVBL non-significant benefit over sclerotherapy, this may be misleading for readers that vasoactive drugs alone is adequate for treatment of acute variceal bleeding.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7343

Title: A historical overview and options for the future in acute variceal haemorrhage

Reviewer code: 01428794

Science editor: Gou, Su-Xin

Date sent for review: 2013-11-15 09:16

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a comprehensive review of the evolution of techniques for the management of variceal haemorrhage. Some points need attention: Table 3 includes vasopressin, octreotide and terlipressin: why is somatostatin not included? The use of nitroglycerine in combination with vasopressin is not mentioned. Page 17, line 4 "detachment of the injection needle..." is not accurate: it should be "sticking" or "incarceration". Page 22, line 8: preliminary results of this trial comparing the esophageal stent and Sengstaken-Blakemore tamponade have been recently presented at the AASLD meeting (Escorsell A et al.) A new endoscopic technique worth mentioning in such a comprehensive review is the use on the nanopowder TC-325 for variceal bleeding control. A pilot study with this technique has been recently published (Ibrahim M et al. Gastrointest Endosc. 2013;78:769-73). The English form is awkward at several points and needs revision (e.g. : page 5, line 10: "systematic" should be "systemic"; page 9, line 18: "in controlled trial" should be "in a controlled trial", page 18, line 13 "issue translating" should be "issue in preventing translation", page 18, line 23 "out with" should be "out of", etc.).

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7343

Title: A historical overview and options for the future in acute variceal haemorrhage

Reviewer code: 00004680

Science editor: Gou, Su-Xin

Date sent for review: 2013-11-15 09:16

Date reviewed: 2013-12-02 03:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a well-written historical overview of acute variceal haemorrhage in cirrhosis. Minor points: 1. In the section of prognostic risk factors it would be useful and analysis of all the risk factors reported in the literature, focusing particularly on their validation (see active bleeding at endoscopy), their clinical applicability (see the paper of Abrades et al), etc. 2. The review could be end with a sum up of the current management considered as gold standard and suggestions of the authors to future studies in specific fields (risk factors, type and duration of treatment, etc)