

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 26955

Title: Carbon dioxide: Global warning for nephrologists

Reviewer's code: 02887546

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-03 14:36

Date reviewed: 2016-05-15 00:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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

Please make the suggested grammatical corrections.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 26955

Title: Carbon dioxide: Global warning for nephrologists

Reviewer's code: 00630200

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-03 14:36

Date reviewed: 2016-05-27 06:38

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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Marano et al. review the importance of CO₂ measurements in hemodialysis patients. The following points should be taken into consideration to improve the manuscript: 1) The abstract is a bit long and doesn't highlight the main points of the manuscript. In fact, there is significant overlap with the Introduction. I suggest writing a shorter abstract that highlights the main points the authors are trying convey. 2) Define DOPPS study. 3) The article is written for a knowledgeable target audience. It would help broaden the audience if the authors provided a little more introduction that would benefit students new to the field. Imagine medical students reading the review. 4) There are a modest number of grammatical errors and some language polishing is in order.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 26955

Title: Carbon dioxide: Global warning for nephrologists

Reviewer's code: 00005191

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-05-03 14:36

Date reviewed: 2016-06-03 20:17

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The review discusses the forgotten issue of CO₂ load from dialysis solution, as acidosis by dialysate may occur causing early hypercapnia followed by respiratory failure. Another risk is the large amount of CO₂ moving from dialysis solution to the extracorporeal circuit. The Authors mention previous studies that have only partially addressed these issues but conclude that CO₂ as respiratory component of acid-base pattern is at least as important as the metabolic component in acid-base assessment also in hemodialysis patients. Clinicians must estimate the value of partial pressure of pCO₂ complying with the reduced HCO₃ concentration, but recommendations on what should be used are lacking. As formulas are different, results are often inconsistent. Textbooks provide some tips to easy calculate the expected pCO₂. The Authors stress that it has never been investigated whether different CO₂ loads should be recommended to a particular hemodialysis patient. Vascular access recirculation may be easily and profitably discovered by means of easy blood sampling. The issue of CO₂ load during renal replacement therapy has indeed been neglected so far and has not been in depth investigated. For this reason the paper brings an interesting message to the clinical community involved with renal replacement therapies. To infer and diagnose mixed



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acid-base disorders, physiologic respiratory response to metabolic acidosis should be considered and the expected pCO₂ value should be computed. The review could profit from some minor editing in style and some minor linguistic improvement but on the whole it is well written and well researched.