



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 20213

Title: Preeclampsia – What is to blame? The placenta, maternal cardiovascular system or both?

Reviewer’s code: 02445078

Reviewer’s country: United States

Science editor: Fang-Fang Ji

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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 type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input 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		[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

Pre-Eclampsia – What is to blame? The Placenta, Maternal Cardiovascular System or Both? Vinayagam D, et al This review reports on the importance of understanding the etiology of pre-eclampsia as its impact on maternal health and neonatal morbidity is well described. The authors state that the ability to make an accurate diagnosis and perform better screening will improve the ability to triage disease severity. They do an adequate job in reviewing the literature to provide evidence that the causations of “early-” and “late-onset” pre-eclampsia arise from two distinct pathophysiologies, which are not solely placenta-based, but should be viewed as a cardiovascular/placental syndrome. The authors therefore suggest that the adoption of this paradigm will give rise to the design of targeted preventative and therapeutic approaches and practice of appropriate short- and long-term post-partum management plans. Major Comments: The only major comment is that the authors should include the role of heme oxygenase-1 (HO-1) in pre-eclampsia, in particular, in the section where sFlt-1 is discussed. There are many studies implicating HO-1 in this regard. Minor Comments: The authors need to be consistent when

referring to "late PE" as "late-onset PE" and "early PE" as "early-onset PE". Their use of abbreviations, such as FGR, PE, PIGF, wks, CO, and TVR, should be more consistent as well. Page 1: Line 1: insert "all" after "of". Line 9: change "preeclampsia" to "PE", already defined. Line 10: change "2011" to "11" x 2. Line 12: change "figures" to "rate". Line 16: insert "(FGR)" after "restriction". Line 20: change "recognised" to "recognized". Line 22: change "birth" to "births", and "is: to "are". Line 24: change "aetiology" to "etiology". Line 31: delete "in the"; insert "the" after "of". Line 32: insert "any time" after "occur"; and delete "," after "trimester". Line 34: replace " and" with ", or". Lines 35-36: insert "and " around "timing of onset" and "Early-onset". Line 36: change "weeks" to "wks". Lines 37-38: insert " and " around "late-onset", delete "this", and insert "34 wks", and change "gestational age" to "gestation", and delete ",". Line 39: insert "the" after "on" and insert "-" between "long" an "term". Line 40: change "whilst" to "while". Line 44: insert "women" after "those". Page 2: Line 1: change "NICE" to "National Institute for Care and Excellence". Line 3: insert "-" between "low" and "dose" and between "high" and "risk". Line 4: insert "," after "However"; change "categorises" to "categorizes". Line 9: change "aetiological" to "etiological", and insert "," after "immunological". Line 11: delete extra space after "conventional," and change "hypotheses" to "hypothesis". Line 13: insert "the" after "of"; change "ischaemia" to "ischemia"; and insert "," after "hypoxia". Line 14: change "hypoxaemia" to "hypoxemia". Line 15: delete extra spaces around "/"; correct spelling to "anti-angiogenic"; insert "," after "factors"; and change "leads" to "lead". Line 16: replace "with it" with "and the"; change "whilst" to "while"; and change "hypoxaemia" to "hypoxemia". Line 17: change "is" to "are a"; change "factor" to "factors". Line 20: change "characterised" to "characterized"; and change "fetal growth restriction" to "FGR" here and throughout rest of manuscript. Line 21: delete "in". Line 22: insert "," after "effects"; insert "pregnancies" after "Other". Line 23: insert "," after "PE"; change "characterised" to "characterized"; replace "and" with ",". Line 27: change "developing" to "develop". Line 28: change "sequalae"" to "sequelae". Line 30: change "haemodynamic" to "hemodynamic". Line 33: replace "indeed" with "even"; delete ",". Line 34: Insert "," after "(12)". Page 3: Line 1: change "whilst" to "while". Line 14: delete "their". Line 15: change "WHO" to "World Health Organization (WHO) Antenatal Care Trial". Line 24: change "aetiology" to "etiology"; and delete

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		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a review manuscript which discussed the clinical and pathological evidence for the development of preeclampsia (PE). This review focused on two main etiological aspects of PE: abnormal placenta and maladaptation of the maternal cardiovascular system. The authors concluded that preeclampsia may be due to the combination of dysfunctional placenta and an abnormal cardiac response of mother. Overall, this manuscript is well written. Several concerns are listed below. 1. A systematical search for literature is critical for a review article. A brief introduction of the search strategy may be necessary in this manuscript. 2. Tables can be used to summarize the selected publications including the authors, sources, main findings, and etc. can provide an overview about the literature. 3. Figures may need to be considered to illustrate some etiological pathways. 4. The authors may also miss some other hypothesis of PE, which is related to abdominal pressure and abnormal maternal cardiovascular system. These two factors may be the main causes of PE. For example, several studies suggest that the symptoms of abdominal compartment syndrome are very similar to those of PE. During the pregnancy, as abdominal pressure increases, mothers with



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maladpation of CVD system may easily develop PE due to the stressful environment.