

PEER-REVIEW REPORT

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Title: REFRACTORY HEPATOPULMONARY SYNDROME AFTER LIVER TRANSPLANT: NEW THERAPEUTIC STRATEGIES WITH EXTRACORPOREAL MEMBRANE OXYGENATION. A CASE REPORT

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Reviewer's code: 05927757

Position: Peer Reviewer

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Professional title: Academic Editor, Consultant Cardiac Surgeon, Director, Surgeon

Reviewer's Country/Territory: India

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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 Grade E: Do not publish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 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 type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in 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 scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

I congratulate the authors on the management of this difficult case. I have a few points to make. 1) Please do ensure that full sentences are used through out the manuscript. As an example in Page 3 - "The case presentation" contains subheadings with phrases in each subheading - which is appropriate for an oral presentation. A written case report will require the same information in full sentences. For eg. History of present illness has phrases. These require full sentences. Please also ensure that a complete spell-check is carried out since there are typographical errors in the manuscript. 2) Please do add follow up details - if available. As mentioned in Page 4, "The patient was discharged from the hospital on POD 27, asymptomatic from a respiratory standpoint, maintaining O2Sat levels of 89-90% with very good tolerance." It would be interesting to note if there was further improvement in his respiratory status with increase in his saturations from the discharge levels of 88 to 90%. 3) Since there is only 1 table - "TABLES" is

inappropriate in Page 5. It must be "TABLE" 4) The authors have listed 10 cases in the literature. In Page 4 , last paragraph - the authors claim that "10 adult patients (including our case) where vvECMO has been implemented in different peri-trasplant scenario as a treatment for HPS have been published (Table n°1)." The above statement gives an impression that ONLY 10 cases have been published so far in the literature. This is not the case since in Ref 1. cited by the authors - 16 cases have been analysed. My point being - it would be very informative for the readers if the authors include the data of the remaining patients, it would be an uptodate status. If they are unable to do so, they need to rephrase the sentence as " Table 1 lists some of the cases who had ECMO peri-operatively. Ideally, it will also be nice if the authors total up the number of cases and mention that until date or time of publication, "x" number of patients have had ECMO in the perioperative period