

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**Manuscript NO:** 41816

**Title:** Update on the management of gastrointestinal varices

**Reviewer's code:** 01553211

**Reviewer's country:** Taiwan

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-08-27

**Date reviewed:** 2018-08-31

**Review time:** 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is a comprehensive review of acute variceal bleeding, several points need clarification: 1. p2, last line, ---one third of the population is at risk of cirrhosis. This seems contradictory to 1st line of the same paragraph,---<1% has cirrhosis. 2. Inconsistency. p3, regarding the prevalence of varices, Child B 70%, Child C 75%;



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whereas in p9; Child B 60%, child C 85% 3. p14; Antibiotics should be discontinued once hemostasis is achieved and vasoactive agents are terminated. Is there Ref or evidence ?  
4. p15; hemosystic spots are incorrect. 5. p12 Combination of nonselective beta-blockers and endoscopic variceal ligation is not recommended as primary prophylaxis due to a higher rate of side effects16 p19; Combination therapy with nonselective beta blockers (propranolol and nadolol) and endoscopic variceal ligation is the first line of treatment for secondary prophylaxis with a goal to eradicate varices and prevent recurrent bleeding. It is better to cite original articles or meta-analysis. 6. p24; Patients who are treated with glue injection for acute gastric variceal bleeding should be considered for secondary prophylaxis since 15% of the patients develop rebleeding. Only 15% ? Is it correct ? Is there Ref ?

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**Manuscript NO:** 41816

**Title:** Update on the management of gastrointestinal varices

**Reviewer's code:** 02904354

**Reviewer's country:** China

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-08-27

**Date reviewed:** 2018-09-01

**Review time:** 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Lots of words should be greatly improved. Please see the words highlighted by yellow. The format of figures, especially figure 3, should be greatly improved. More details should be discussed as follows. In the part of "Management of patients with esophageal varices that have not bled", the authors should discuss the NSBBs in small varices or no



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varices more deeply. Please see the recent meta-analysis (PMID: 25780311). In the part of "Management of acute esophageal variceal bleeding", the authors should discuss the "Esophageal Stent for Refractory Variceal Bleeding" more deeply. Please see the recent meta-analysis (PMID: 27517043). In the part of "Restrictive transfusion strategy" of the paragraph "Management of acute esophageal variceal bleeding", the authors should compare the effectiveness of Restrictive vs liberal transfusion. Please see the recent meta-analysis (PMID: 24187470). In the part of "Vasoactive agents" of the paragraph "Management of acute esophageal variceal bleeding", the authors should discuss the use of terlipressin in the management of acute variceal bleeding. Please see the recent review (PMID: 29996332). In the part of "Transjugular intrahepatic portosystemic shunt (TIPS)" of the paragraph "Management of acute esophageal variceal bleeding", the authors should discuss the use of early TIPS. Please see the recent meta-analysis (PMID: 25127113). More recently, there are more high-quality studies that should be cited (PMID: 30014519).

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[ Y ] No