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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 20675

Title: OUTCOMES OF ABDOMINAL SURGERY IN PATIENTS WITH LIVER CIRRHOSIS.

Reviewer's code: 00001832

Reviewer's country: Germany

Science editor: Ze-Mao Gong

Date sent for review: 2015-06-19 08:51

Date reviewed: 2015-08-12 21:51

| 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 checked="" type="checkbox"/> Grade C: Good | <input checked="" type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection |
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COMMENTS TO AUTHORS

The topic highlight by Lopez-Delgado and co-workers reviews the outcomes of abdominal surgery in patients with liver cirrhosis. This is an interesting and well written review of an important clinical (surgical) problem. Although there have been previous reviews of this topic, the current manuscript adds valuable information. There are a few comments: The authors state that "the prevalence of LC is increasing due to the global higher rates of hepatitis C (HCV), hepatitis B (HBV) and alcohol-related LC". Could the authors provide a reference for this? The review does not follow the PRISMA statement; this shortcoming should be acknowledged in the Methods section.



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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 20675

Title: OUTCOMES OF ABDOMINAL SURGERY IN PATIENTS WITH LIVER CIRRHOSIS.

Reviewer's code: 02439578

Reviewer's country: Italy

Science editor: Ze-Mao Gong

Date sent for review: 2015-06-19 08:51

Date reviewed: 2015-08-19 23:13

| 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 checked="" 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 type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade D: Rejected | <input type="checkbox"/> Plagiarism | <input type="checkbox"/> Minor revision |
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COMMENTS TO AUTHORS

OUTCOMES OF ABDOMINAL SURGERY IN PATIENTS WITH LIVER CIRRHOSIS by Lopez-Delgado JC et al. This is a interesting review of the literature. Comments: 1. The manuscript appears a little bit too long and sometimes difficult to read. It may be shortened without losing impact 2. The statement on antibiotic perioperative treatment is not totally embraceable. Why the authors suggest perioperative coverage and not simply prophylaxis. Is there evidence for prolonged antibiotic treatment ? 3. In the same line of thought, why 3rd generation cephalosporins ? and coverage of Gram neg bacteria ?. This group of antibiotics have a high risk of selecting resistant bacteria. Any strong evidence for choosing the class ? 4. Epidural analgesia has many benefits (Nimmo SM, et al. Cont Edu Anaesth Crit Care and Pain 2014; 14: 224-9). Do the authors have strong evidences or guidelines suggesting that this should be avoided in LC with normal coagulation and platlet count ?