

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10626

Title: Parallel TIPS for controlling portal hypertension complications in cirrhotic patients

Reviewer code: 01560070

Science editor: Su-Xin Gou

Date sent for review: 2014-04-10 15:55

Date reviewed: 2014-04-19 13:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

General comments: Authors presented a technique called “Parallel TIPS” for patients in which significant reduction in portosystemic pressure gradient was not obtained in the first TIPS. This procedure was originally reported by Haskal et.al in 1992 in a series of 8 cases. The article under review consists of 10 cases, which is quite small in number, and clear advantage over previous study is unclear. However, patients included in the study had high pressure gradient, and successful treatment to these populations might be the strength of this study. I recommend authors to put emphasis on this point and reconstruct the article as such. Presentation is fairly good, and this article is easy to read. Authors should state whether this study was approved by local ethics committee. Specific comments: Problems are listed with consecutive numbers. Title: It is concise and reflects the major topic and content of the study. Page 1, the first paragraph: Generally well written. #1 Authors should mention the first report of parallel TIPS: Haskal JZ, Ring EJ, Laberge JM, et.al. Role of parallel transjugular intrahepatic portosystemic shunts in patients with persistent portal hypertension. Radiology. 1992; 185: 813-817. Material and methods: #2 Page 1, line 16: Authors described age of the patients using mean and standard deviation. I think using median and range is more appropriate, taking the small population of the study into account. #3 Page 1, line 22-25: Authors described the liver function reserve in this sentence. Authors also should mention the pre-operative evaluation of risk related to TIPS, using measures such as MELD scores. #4 Page 1, line 27: There is a misspelling here. “fierst” should be “first”. #5 Page 2, line 1: Authors should state the reason why they used 8mm covered stent in cases with such high PSG: 43.80±6.18 mmHg (described in page 3). Using 10mm covered stent in all cases may be appropriate. #6 Statistical analysis: Authors

should use non-parametric tests, such as Wilcoxon signed-rank test, instead of paired sample t test in such a small study population. #7 Although it is not written in the article, authors should state the medication given to the patients, including diuretics, aldosterone antagonists, and β -blockers. Considering high PSG in this study population, it is of critical importance to clearly note that maximal medical treatment had been performed. Result: #8 Page 2, line 42-44: Please describe why DIPS were performed in 4 patients in more detail. In discussion, authors stated that this is due to lack of hepatic vein as shunt flow. What does it mean? #9 Page 3, line 2-3: Authors describe the operation time using mean and standard deviation. It is not appropriate considering the small number of cases whose distribution will be non-parametric. Please describe them using median, range, and quartiles. #10 Hemodynamic changes: PSG stated here is higher than previous studies. Was there portal vein thrombosis? Was it because of advanced cirrhosis? Did you evaluate hepatopetal and hepatofugal flow with duplex-US? Please discuss the reason of such high PSG, if any. #11 Clinical effects: Please describe the reduction of ascites using objective parameters: body weight, girth of abdomen, or findings in US. #12 Complications: Authors stated that post-TIPS hepatic failure was "cured". I think this phenomenon can be explained by the decrease in hepatopetal flow following TIPS placement, which was subsequently compensated with decrease in hepatofugal flow and resultant recovery in hepatopetal flow. In fact, pre-operative portal venous pressure in the second session was higher than post-operative pressure in the first session. So the term "cured" is not appropriate and rather be stated as "compensated". And is there any evidence that support this hemodynamic change, such as duplex-US? Authors should also describe the blood chemical data and any post-operative medical treatment, if any, here. #13

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10626

Title: Parallel TIPS for controlling portal hypertension complications in cirrhotic patients

Reviewer code: 00068044

Science editor: Su-Xin Gou

Date sent for review: 2014-04-10 15:55

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this manuscript, the authors retrospective analyze 10 patients who underwent parallel TIPS in order to reduce the portal venous pressure and PSG to an acceptable level and control complications of portal hypertension between January 2011 and December 2012 in their hospital.

Although the results of the manuscript can assist in present there experience evaluating the feasibility and safety of parallel TIPS to reduce the portal venous pressure and PSG to an acceptable level, there remain major concerns.

1、 This manuscript lacks the part of abstract.

2、 P.2, line2, “10 cirrhotic patients (7 male patients) with a mean age of 52.30 ± 4.52 y/o underwent a parallel TIPS in our institution” ,the 10 patients are chosen from how many patients who underwent primary TIPS?

3、 What is the indications of a parallel TIPS?

4、 P.2, line4, “In these patients, the indication for TIPS was refractory ascites (n = 9) ” but “The hepatic function status of the patients evaluated by the Child-Pugh classification showed that 8 were Child-Pugh B and 2 were Child-Pugh C” ,the number of patients of Child-Pugh C seems too little according to the number of patients with refractory ascites(n=9).

5、 P.15, line2, “Ascites relieved insufficiently after the first operation while disappeared completely in 7 patients and decreased obviously in 2 patients within 7-14 days after the second procedure”, what is the standard of ascites relieved or decreased? What is the volume of ascites before and after treatment ?

6、 P.11, line1, “Complications occurred during the procedures and postoperative complications including hepatic failure and hepatic encephalopathy were observed after the first and second operation(Table 3)”, Where is the Table 3?

7、 P.4, line10, “In 4 patients the shunt tract was directly advanced from the vena cava to the portal vein since the right hepatic vein was not available for two tracts” . First,this is a good method ,but how the distal stent remain fixed and keep proper length in the vessels to avoid stricture and occlusion?Besides,TIPS is reported to have high rate of stenosis and occlusion,what is the situation of the postoperative stenosis 、 occlusion and thrombosis of the 10 patients ?If patients underwent a parallel TIPS because of complications caused by stenosis or occlusion, this can only be called a single stend instead of double stents.

8、 The mean portal system pressure level was too high in both preoperative (54.80 ± 4.16 mmHg = 74.528 ± 5.65 cmH₂O) and postoperative (39.00 ± 3.20 mmHg = 53.04 ± 4.35 cmH₂O) in this manuscript,since the portal vein pressure is so high,so liver cirrhosis is very serious,but why there are only 2 cases patients of Child-Pugh C?

9、 There seems only one stent in figure 3,where is the other one ?

10、 It is better to compare the clinical results of the 10 patients with those patients who do not undergo parallel TIPS.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10626

Title: Parallel TIPS for controlling portal hypertension complications in cirrhotic patients

Reviewer code: 00006683

Science editor: Su-Xin Gou

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The paper of Fuliang, et al. presents 10 additional cases of parallel TIPS insertion to control portal hypertension complications. The available literature on this issue is not extensive; however some questions should be addressed: 1) The English needs an expert revision 2) The references should be checked and cited accordingly: in particular no. 2, 5, 8 and 9 are incorrect 3) Table 1 is unnecessary, what is cited as table 1 is in fact table 2, table 3 is missing. 4) In the results section, TIPS procedure, 3 m is probably 3 cm. 5) The porto-systemic gradient is better expressed as porto-cava gradient, rather than porto-atrial gradient, as it is described in this paper: -La Mura V, Abraldes JG, Berzigotti A, Erice E, Flores-Arroyo A, García-Pagán JC, Bosch J. Right atrial pressure is not adequate to calculate portal pressure gradient in cirrhosis: a clinical-hemodynamic correlation study. *Hepatology*. 2010;51:2108-16. 6) The authors should mention the available literature on parallel TIPs: -Dabos KJ, Stanley AJ, Redhead DN, Jalan R, Hayes PC. Efficacy of balloon angioplasty, restenting, and parallel shunt insertion for shunt insufficiency after transjugular intrahepatic portosystemic stent-shunt (TIPSS). *Minim Invasive Ther Allied Technol*. 1998;7:287-293. -Helmy A, Redhead DN, Stanley AJ, Hayes PC. The natural history of parallel transjugular intrahepatic portosystemic stent shunts using uncovered stent: the role of host-related factors. *Liver Int*. 2006;26:572-578. -Luo X, Nie L, Tsao J, Wang Z, Tang C, Li X. Parallel shunt for the treatment of transjugular intrahepatic portosystemic shunt dysfunction. *Korean J Radiol*. 2013 ;14(3):423-9.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10626

Title: Parallel TIPS for controlling portal hypertension complications in cirrhotic patients

Reviewer code: 02567564

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

English language usage needs major improvements. The authors have provided results in the methods section eg age and gender Spelling mistakes are rampant Abstract missing Since the mechanism of initial shunt creation is well known, the authors may provide a reference and mention any modifications the authors made rather than describing the entire procedure Was the parallel procedure done at 3 months exactly? Different times are mentioned at different places Please elaborate as to what is meant by "varicose coronary gastric vein and other collaterals were embolized if necessary" How many patients underwent TIPS in total and what were the indications Table 3 missing, Table 2 not cited in text Discussion must mention causes of failure of TIPS Problem with referencing as reference do not tally with the remarks in discussion