

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31393

Title: Portal hypertension: Imaging of portosystemic collateral pathways and associated image-guided therapy

Reviewer's code: 02438888

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2016-11-15 16:27

Date reviewed: 2016-12-28 22:03

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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In this review the authors discussed portosystemic collateral pathways in patients with cirrhosis through examples of CT, US, MRI and angiography. A brief summary of established interventional techniques for treatment of portal hypertension and related complication was presented. Comments: It is not appropriate to explain the role of CT in detecting and grading of esophageal varices with table 1, because table 1 is an endoscopic grading method, not radiographic. Table 2 is about endoscopic classification of gastric varices, however, it is quoted in the part of manuscript describing blood supply of varices. There are many typing mistakes in the manuscript.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31393

Title: Portal hypertension: Imaging of portosystemic collateral pathways and associated image-guided therapy

Reviewer's code: 02567669

Reviewer's country: Germany

Science editor: Jing Yu

Date sent for review: 2016-11-15 16:27

Date reviewed: 2017-01-07 23:30

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 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
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting review which deals with imaging of portosystemic collaterals in portal hypertension and with its contribution to therapy of portal hypertension associated complications. Before the paper can be published the authors should correct some drawbacks and mistakes in the manuscript. I understand that the authors are radiologists, but they must consider that a greater part of the readers are gastroenterologist and hepatologists. So the hepatologists' point of view should be better respected. The term "impedances to portal venous flow" is not common in the context of portal pressure. Instead "resistance to portal flow", as the authors themselves use, is much more usual. In the "Introduction" the authors mention the pathophysiology of portal hypertension. This is partly correct, but they forgot the contribution of the dysregulation on the level of sinusoids, which contributes at least 15% to the elevated portal pressure (Iwakiri 2014, Groszman 2015, Shah et al.: The NO paradoxon). A portal pressure of 10 mmHg is not in the normal range, but complications of portal pressure arise with this portal pressure. What is portal pressure, as the authors mention? Pressure in the portal vein or HVP (hepatovenous pressure gradient)? In the section "Imaging



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

modalities..": "Catheter-based based venography": Here the authors must describe the technique of determination of FHVP and WHVP and HVPG. Normally, a portal vein imaging is not obtained using this technique. The term HWVP is not correct. Therapy of portal pressure is guided according to level of HVPG. The authors describe ultrasonography as "first-line modality choice for the diagnosis and follow-up of portal hypertension". In this context some remarks concerning the controversial correlation between US parameters and HVPG should be included. Detection of esophageal varices: This section is correct. However, as a gastroenterologist I want to read some remarks about reliability of varices detection by CT or MRT in comparison with endoscopy. Endoscopy is and remains the standard procedure for diagnosis of esophageal varices. The same is true for gastric varices. The possibility to detect gastric varices by transhepatic portography is very theoretical. Endoscopy is much better and has much less risk for the patients. In the section "Paraumbilical and abdominal wall collaterals" the authors correctly state that the (reopened!) paraumbilical vein arises from the left portal vein (better: left main branch of portal vein!). However, in Figure 2 the arrow of PUVar aims to the right main branch. This must be corrected. What is AWVar? This abbreviation is not explained. In the caption of Figure 2: hepatopetal, not hepatopedal.