



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 15846

**Title:** Transjugular Intrahepatic Portosystemic Shunt as a Bridge to Surgery in a Patient with Refractory Gastric Antral Vascular Ectasia and Uncompensated Cirrhosis

**Reviewer’s code:** 00070064

**Reviewer’s country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-12 15:50

**Date reviewed:** 2014-12-12 23:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		[Y] Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Though the ideal therapy for GAVE is unknown, portal decompression by TIPS can be useful before antrectomy to reduce the preoperative bleeding due to collaterals in cirrhotic patients with GAVE;however,the use of TIPS should be restricted to patients with compensated cirrhosis or good liver function or low risk(reference #5, Gut 1999).Therefore Becq and colleagues should present an in-depth patient profile in order to clarify whether or not the 67-year-old male patient had liver dysfunction,and therefore deeply discuss, in the context of previous medical literature, patient's findings in the affirmative or negative .Furthermore, the use of TIPS carries a significant risk of TIPS induced progressive failure(reference #5, Gut 1999).What about in the 67-year-old male patient? Minore comments. P1,line 10: the wording “(indispensable)?” reads awkward. P1,lines 13-14:I wonder whether the statement “Therefore,which treatment strategy should be considered in patients with chronic GAVE-related gastrointestinal bleeding and uncompensated cirrhosis?” fits in with the patient profile.Please clarify again the issue.



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**Title:** Transjugular Intrahepatic Portosystemic Shunt as a Bridge to Surgery in a Patient with Refractory Gastric Antral Vascular Ectasia and Uncompensated Cirrhosis

**Reviewer's code:** 02540153

**Reviewer's country:** China

**Science editor:** Ya-Juan Ma

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<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> [ Y] 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		[Y] No	<input type="checkbox"/> [ ] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

### COMMENTS TO AUTHORS

The authors present primary experience of Transjugular Intrahepatic Portosystemic Shunt as a Bridge to Surgery in a Patient with Refractory Gastric Antral Vascular Ectasia and Uncompensated Cirrhosis, it may help to improve the safety of surgery. The paper has some reference value, although it's only a case experience.



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**Reviewer's country:** Mexico

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input checked="" 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 checked="" type="checkbox"/> No	<input 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

page 1, second paragraph. Please indicate the levels of bilirubin. Aslo I suggest to change the term bilirubinemia instead hyperbilirubinemia