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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8579

Title: The Effects of Adrenalectomy on Hypertension in Primary Hyperaldosteronism.

Reviewer code: 02453249

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-31 09:34

Date reviewed: 2014-01-01 20:29

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> 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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an interesting narrative review. However, the paper of Zhang X et al (Factors Affecting Complete Hypertension Cure after Adrenalectomy for Aldosterone-Producing Adenoma: Outcomes in a Large Series Urol Int 2013;90:430-434) should be quoted and discussed. Also the role of TT genotype of CYP11B2 as predictor of successful outcome after adrenalectomy for primary aldosteronism must be discussed.

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 8579

Title: The Effects of Adrenalectomy on Hypertension in Primary Hyperaldosteronism.

Reviewer code: 00506252

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-31 09:34

Date reviewed: 2014-01-06 12:43

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

General Comments This review regarding the adrenalectomy on hypertension in primary hyperaldosteronism is well written on the basis of recently reported articles. In special, the ARS score, which is developed by the author's laboratory, is introduced, and has been validated by other groups. However, the reviewer has several comments. **Specific Comments** 1. Title: This review involves broad aspects of primary aldosteronism, not only the effects of adrenalectomy. Please, consider the title again. 2. Title: Which is better, "primary hyperaldosteronism" or "primary aldosteronism" as medical terms? 3. Abstract: The statement "Primary hyperaldosteronism (PA) is the most common cause of reversible hypertension, affecting over 15% of adults with hypertension." The reviewer understands that so many patients are not diagnosed yet with PA in patients presenting resistant hypertension up to 20-30 %. In general, "affecting over 15%" in hypertensive patients appears overestimated. Please note that the authors describe "Primary hyperaldosteronism (PA) is the leading cause of secondary hypertension, and can be identified in 5 to 18% of hypertensive patients (5,6)" in the introduction. 4. Diagnosis: The reviewer is a cardiologist. I think the patients with PA show cardiac hypertrophy very frequently (1). (1) Left ventricular hypertrophy is more prominent in patients with primary aldosteronism than in patients with other types of secondary hypertension. Tanabe A, Naruse M, Naruse K, Hase M, Yoshimoto T, Tanaka M, Seki T, Demura R, Demura H. Hypertens Res. 1997 Jun;20(2):85-90. 5. Diagnosis: The unit of APR should be shown because renin is estimated as protein sometimes, not activity. For example, (aldosterone unit: ng/dl; PRA unit: µg/L(-1)/h(-1)). 6. Management: Please, describe the preferable dose of spironolactone and eplerenone. 7. Figure: Indicate the spell-out of abbreviations. 8. Figure: Choice of medication may



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be described in patients with unilateral tumor or unilateral hypersecretion.