

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54949

Title: Restenosis for Budd-Chiari syndrome after recanalization: management and long-term results of 60 patients

Reviewer's code: 05060622

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2020-03-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-07 03:16

Reviewer performed review: 2020-03-10 13:49

Review time: 3 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors report long term results and management of patients with Budd Chiari syndrome who underwent percutaneous transluminal recanalisation. The study claims to have described the longest follow up in this group of patients. The authors found that restenosis is associated with poor prognosis and all restenosis should be actively intervened. The manuscript is important as it deal with a very important issue in the management of patients with BCS. In most of the centers where HV type and combined (HV+IVC) type of BCS is commonly encountered, recanalisation is an important strategy in the management. Though the technical success rate is high, there is a concern regarding the restenosis which has been variable reported but has been consistently on the higher side especially after balloon angioplasty alone. This manuscript highlights the importance of long term follow up as some of the patients in this study had restenosis after 5 years and even later. The authors describe a step-wise approach to the management of restenosis which is important as there are no existent guidelines on how to management restenosis. However, few problems with the study are:- 1. A limited and very heterogeneous group of patients in terms of clinical characteristics as well as the pattern of involvement. 2. The term groups (PTA and PTA+stenting) are not comparable. In fact, the analysis of Table 1 shows that 40% patients in the PTA+stent group had stenosis>5 cm which is not an ideal candidate for recanalisation. 3. The study period spans over 30 years and one can expect changes in the technique as well as expertise of the interventional radiologists. 4. There is no mention of the technical details-including the size of balloon, size of stent, criteria for initial selection of patients for PTA vs stenting, definition of technical success during recanalisation. 5. The management strategy for the combined type of BCS which was the most common type in this study is not clear. Did the authors recanalised both IVC as well as hepatic veins and



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where stenting or PTA was done. Abstract: OK Introduction: OK Methodology:
-Study design and case selection: Of the 178 patients, how many underwent PTA or PTA+stenting -Treatment strategy for restenosis: Include details of the technique as described above Results -Follow up: The statements on the death in each group and subgroup (those who underwent treatment and those who refused) are not clear.
Discussion -first paragraph: The author describe that in patients who had restenosis after PTA+stenting had more serious condition. This is not clear-are they referring to CTP score? Additionally authors say that the two groups cannot be compared (contradiction to their initial statement). I believe that the comparison is possible and is important and highlights that the two groups were basically not comparable. -second paragraph: The authors highlight the three issues that can arise with stenting. Unfortunately there are no references for the same and these need to be carefully stated and referenced. Please change "lieu" to view" -Fifth paragraph The recent RCT on the subject of PTA vs stenting needs more critical analysis and comparison with the current study. The authors have just given a passing reference to this trial. This trial had basically patients with stenosis<4cm compared to this study where significant proportion of patients who has stenosis more than 5 cm. Is this important? Tables Table 2: needs better format for understanding

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54949

Title: Restenosis for Budd-Chiari syndrome after recanalization: management and long-term results of 60 patients

Reviewer's code: 01490498

Position: Editorial Board

Academic degree: FRCP (C), MD

Professional title: Attending Doctor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2020-03-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-06 21:22

Reviewer performed review: 2020-03-12 17:01

Review time: 5 Days and 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This is a retrospective study looking at the interventions for re-stenosis in BCS. Options are PTA or PTA plus stenting. There is a long follow up. Sample size is small. Some comments: 1. I am intrigued by the large number of patients that refused. They agreed to have the diagnostic investigation but did not want the problem to be fixed? I cannot imagine most patients would refuse treatment, and certainly not up to 50% of them. What were they told? What is the exact reason for refusal? Was it due to financial aspects?

2. Much details of the procedures is missing with regards to types of stent, pressures etc. 3. It is really not surprising that patients who have interventions do better so not sure what this study add to the literature? 4. Were patients on long term anticoagulation? Surely patients would have consented to simple tablets and follow up?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54949

Title: Restenosis for Budd-Chiari syndrome after recanalization: management and long-term results of 60 patients

Reviewer's code: 02537403

Position: Editorial Board

Academic degree: PhD

Professional title: Senior Lecturer

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2020-03-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-06 17:42

Reviewer performed review: 2020-03-21 22:10

Review time: 15 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Budd-Chiari syndrome (BCS) is associated with a higher incidence in Chinese patients compared to Western countries. Moreover, besides the differences in epidemiological features, the etiology, type of obstruction, and therapeutic solutions are also different in Western vs. Asian countries. In Chinese patients, the most common obstructive type is membranous/ segmental obstruction of the supra- and/or retrohepatic portion of the IVC, and the major treatment option is recanalization, which consist in percutaneous transluminal angioplasty (PTA), associated or not with stent implantation. Studies have reported excellent or satisfactory outcomes of recanalization. However, because the long-term outcome of patients with restenosis (the most common complication after recanalization) is unknown, this retrospective study proposes to analyze a case series of BCS patients with restenosis regarding the treatment strategy and long-term survival; restenosis was defined as the recurrence of symptoms after recanalization. Sixty primary BCS patients with restenosis were divided into two groups: 40 patients in PTA group and 20 patients included in PTA plus stent group. Nearly half of the cases of restenosis occurred in the first year (37.5% in the PTA group and 50% in the PTA + stent group). The 1-year and 5-year restenosis incidence rates of these two groups were quite similar. These patients were regularly follow-up and managed using a treatment with a gradually increased invasiveness, starting from PTA and escalating in a step-by-step manner, associated or not with stent implantation.

As in previous studies, liver failure, esophageal variceal hemorrhage, and hepatocellular carcinoma represented the main causes of death. The 5- and 10-year cumulative survival rates of the BCS patients with restenosis were lower than the overall 5- and 10-year cumulative survival rates of patients with Budd-Chiari syndrome without complications. The authors conclude that the long-term prognosis of patients with



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restenosis is not optimistic, especially for those who refuse further intervention; the overall survival rate of patients receiving treatment was significantly better than that of patients refusing treatment. This original paper approaches a very interesting issue, and is extremely valuable due to the very long follow-up period of these patients that helps us build a clear overview about the outcome of the BCS patients developing restenosis after recanalization intervention. Moreover, the authors present their opinion regarding the best management of these patients, based on a solid practical experience. They highlight the strengths and the limits of this retrospective study and strongly suggest the need of studying potential protective factors which lead to good prognosis in patients without treatment. These multicentric trials will help clinicians to discover better options for management.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 54949

Title: Restenosis for Budd-Chiari syndrome after recanalization: management and long-term results of 60 patients

Reviewer's code: 03756484

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2020-03-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-06 15:24

Reviewer performed review: 2020-03-31 15:22

Review time: 24 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

It is clearly a very large experience about the endovascular treatment of Budd-Chiari syndrome and it is the strong point of this study. Why do you put forward "the follow-up" of these patients since restenosis is always symptomatic ? The results of comparison between patients "retreated" and patients refusing the treatment was predictable