

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 7999

Title: ASSESSMENT AND MANAGEMENT OF RENAL DYSFUNCTION IN PATIENTS WITH CIRRHOSIS

Reviewer code: 02444760

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-11 16:17

Date reviewed: 2013-12-22 12:10

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

COMMENTS TO AUTHORS

The manuscript of ‘Assessment and management of renal dysfunction in patients with cirrhosis’ reviews the assessment of kidney injury, and also the clinical management in patients with both renal dysfunction and liver cirrhosis. As a result, AKI is suggested to be the indicator for progressive disease. Close surveillance, well -classified definitions and scoring systems will be helpful in recognizing the renal dysfunction. Noninvasive biomarkers reflect the prospective method in identifying kidney damage and kidney function. These results will add a new level to our knowledge about the complications of liver cirrhosis and renal dysfunction, and then be profitable for the clinical therapy. Major comments 1.Authors of the manuscript are encouraged to summarize the major contents, but not provide us with the guideline of diagnosis and treatment in the Abstract. Rearrangement of the Abstract, just in appliance with the structure of text, is then suggested. 2.The manuscript classifies ‘assessment of kidney injury in patients with cirrhosis’ into 3 parts, namely baseline directions, recent knowledge, and inaccuracies of renal assessment strategies. However, demonstration of these aspects in opinion of individual marker/method, with advantages and shortcomings, may outline the ‘assessment of kidney injury in patients with cirrhosis’ in a clear and organized way. Minor comments 1.It seems to be confusing in the English expression, for example, ‘It is essential to recognize early AKI- mainly diagnosis of hepatorenal syndrome (HRS), which should be detected within 48 hours, following the currently accepted guidelines, to determine the chronic damage of the kidneys and to take the best measures for improving hepatic function.’. Plain and precise description will be appreciated. 2.There are some format mistakes in Appendix 2 and 3.



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Please check them carefully.