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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2606

Title: Rectal Arterio-portal fistula - An Unusual Cause for Persistent Portal Hypertension following a Proximal Spleno-renal Shunt

Reviewer code: 00503571

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-04 10:06

Date reviewed: 2013-03-20 23:38

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

COMMENTS

COMMENTS TO AUTHORS:

The authors of manuscript presented the rare case of rectal arterio-portal fistula caused bleeding from gastrointestinal tract following a treatment of extrahepatic portal hypertension by splenectomy and proximal spleno-renal shunt. Indeed, the similar case was never described previously in medical literature according to PubMed database. The case report is presented clearly, however I have several remarks. 1. The title “Rectal Arterio-portal fistula - An Unusual Cause for Persistent Portal Hypertension following a Proximal Spleno-renal Shunt” in my opinion, could be more correctly stated. Authors do not measured portal pressure (which usually should decrease) after splenectomy and proximal spleno-renal shunt, therefore could not strongly state that bleeding is caused by persistent portal hypertension. The bleeding also could be caused arterio-portal fistula between the rectal artery and the haemorrhoidal veins. (See discussion, the 1st possibility). More correct name of paper could be “Rectal arterio-portal fistula as a cause of bleeding from gastrointestinal tract following a treatment of portal hypertension by splenectomy and proximal spleno-renal shunt”. 2) Authors stated that intermittent episodes of rectal bleeding which was attributed to rectal varicose and was not the reason for splenectomy and shunting. Authors also stated that splenomegaly led to consumption thrombocytopenia (platelet levels ranged from 74-103 x 10⁹ g/L). Authors performed a splenectomy and an end-to-side proximal splenorenal shunt for portal decompression. However, asymptomatic thrombocytopenia and hypersplenism according the current literature knowledge is not an indication for splenectomy. The up-to-date indications for splenectomy and shunting could be better described in discussion section. 3) In discussion section my 1st remark should be disputed.



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Name of Journal: World Journal of Gastroenterology

Ms: 2606

Title: Rectal Arterio-portal fistula - An Unusual Cause for Persistent Portal Hypertension following a Proximal Spleno-renal Shunt

Reviewer code: 00071499

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-04 10:06

Date reviewed: 2013-03-23 21:35

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

COMMENTS

COMMENTS TO AUTHORS:

It is an interesting case of rectal arterial-portal fistula causing recurrent massive bleedings from lower digestive tract, well illustrated an effectively treated with super-selective embolization. I have two critical remarks 1. It is unusual that an important decision on surgical treatment (splenectomy plus proximal splenorenal shunt) in a patient with rectal bleeding is taken without performing colonoscopy. Assumption that the source of bleeding are anorectal varices was most likely but could not be taken as granted. 2. The paragraph “portal vein thrombosis...blood” explaining the nature of portal hypertension in patients with portal vein thrombosis seems to be superfluous, as authors cannot convincingly explain the relationship between arterial-portal fistula and portal hypertension.



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Name of Journal: World Journal of Gastroenterology

Ms: 2606

Title: Rectal Arterio-portal fistula - An Unusual Cause for Persistent Portal Hypertension following a Proximal Spleno-renal Shunt

Reviewer code: 00003361

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-04 10:06

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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 type="checkbox"/> Grade B (Very good)	<input 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

This is a novel case presentation of rectal arterio-venous malformation presenting in a patient with portal hypertension. The report is generally well written and would be helpful for physicians to be aware of when caring for patients with rectal varices. Specific comments: 1. Figures 1,2 and 3 - please place arrows to indicate the specified arteries and veins mentioned in the figure legends. 2. Recommend including an additional figure of a cartoon or diagram illustrating the normal venous and arterial circulation of the rectal area and the location of the specific arteriovenous malformation to help practitioners who are not familiar with this.



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Ms: 2606

Title: Rectal Arterio-portal fistula - An Unusual Cause for Persistent Portal Hypertension following a Proximal Spleno-renal Shunt

Reviewer code: 00053786

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-04 10:06

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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 type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

Yap et al present a case report regarding an unusual cause for persistent portal hypertension following a proximal spleno-renal shunt and its successful surgical treatment. By reading the abstract, it falls short to what is mentioned in the conclusions of the full text and the cover letter.