

## ESPS Peer-review Report

**Name of Journal:** World Journal of Hepatology

**ESPS Manuscript NO:** 1914

**Title:** Do multifrequency bioimpedance and transthoracic echocardiography aid assessment of volume status in patients with cirrhosis ?

**Reviewer code:** 00398205

**Science editor:** Huang, Xin-Zhen

**Date sent for review:** 2013-01-16 14:33

**Date reviewed:** 2013-01-30 23:21

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

## COMMENTS TO AUTHORS

Davenport et al. highlight an interesting and a paradox clinical phenotype. Unfortunately, the results were not that significant. This might be in part due to the unclear definition of what the authors understand under “decompensated “ patients. A more clear-cut definition might help to define phenotypes better and will also help to reduce the length of the discussion. In detail, it is unclear whether - how the authors define decompensated? - whether the patients were age- and sex-matched - why the authors include patients with spontaneous bacterial peritonitis in the decompensated group? Could other clinical reasons than decompensation account for that phenotype? Had these patients other signs of decompensation?

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**Title:** Do multifrequency bioimpedance and transthoracic echocardiography aid assessment of volume status in patients with cirrhosis ?

**Reviewer code:** 00004882

**Science editor:** Huang, Xin-Zhen

**Date sent for review:** 2013-01-16 14:33

**Date reviewed:** 2013-02-01 07:46

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

## COMMENTS TO AUTHORS

Although the paper is well written, it includes several problems as described below. 1) MF-BIA was assessed in the spine position and showed increased extra cellular water in the trunk and leg. Why is the distribution of extacellular water different between uppe and lower body? 2) How about ascites? 3) What is important for resolving this situation?