

ESPS PEER-REVIEW REPORT

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ESPS manuscript NO: 18716

Title: Left ventricular function assessment in cirrhosis: Current methods and future directions

Reviewer's code: 02540326

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for forwarding this interesting review article on cirrhotic cardiomyopathy, an important subject for liver specialists to be aware of. The review examines the most common measurement techniques available to detect cirrhotic cardiomyopathy. For the most part it is a review of value to the general clinician. I think the treatment of MRI is a little fragmented and could be tidied as indicated below. Overall, subject to suitable revision, I think this article should be accepted. (1) Comparison of 3DE and MRI consistency (ref 13). There should be caution in drawing this conclusion at this stage until 3DE is more widely reported in the scientific literature. (2) The issue about the breathholding required in MRI is generally true, though the authors should be aware that free breathing cine MRI approaches are being developed and validated and are likely to become clinically available in the near future (search for authors such as Hansen MS and Atkinson D) (3) The warning about Gd and impaired renal function is timely, but the location of this comment doesn't really give an indication of what gadolinium would be used for in the cardiac exam. The authors talk about LGE and T1 mapping (which often involves Gd if ECV is to be estimated) and the authors



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

should unify these comments so that the non-MRI specialist can follow them more easily (4) Abbreviations. SPECT is fine, but then also using STE and SPE (erroneous) is confusing. Get rid of STE and SPE as abbreviations would be my recommendation. (5) T1 mapping. This is too brief. You should review the present state of the art in this area a little more thoroughly. T1 mapping without Gd really only has promise to date in amyloidosis whereas T1 mapping and ECV mapping with Gd has potentially greater applicability.