

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 20103

**Title:** Application of contrast-enhanced ultrasound after liver transplantation: Current status and perspectives.

**Reviewer's code:** 00054001

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

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| CLASSIFICATION   | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|--|---|--|--|
| <input type="checkbox"/> Grade A: Excellent            | <input type="checkbox"/> Grade A: Priority publishing                 | Google Search:                                 | <input type="checkbox"/> Accept                        |
| <input checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input type="checkbox"/> Grade C: Good                 |   | <input type="checkbox"/> Duplicate publication |  |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade E: Poor                 |   | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                |
|  | <input type="checkbox"/> Grade D: Rejected                            | BPG Search:                                    | <input checked="" type="checkbox"/> Major revision     |
|  |   | <input type="checkbox"/> The same title        |  |
|  |   | <input type="checkbox"/> Duplicate publication |  |
|  |   | <input type="checkbox"/> Plagiarism            |  |
|  |   | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

This review article described usefulness of contrast-enhanced ultrasound (CEUS) during perioperative period in patients undergoing liver transplantation. The author argued that CEUS must be a technical solution for diagnosing various kinds of co-morbidity, original disease, and complications and thus can be a complete substitute for CE-CT. However, I could not understand that what the authors argued in real. In most situations for those which the authors argued and considered CEUS as beneficial, CEUS may be replaceable with Doppler US and CE-CT. Furthermore, in practical clinical situations, many vascular complications after LT is suspected by Doppler US and subsequently confirmed by CE-CT. If CE-CT could be completely replaced by CEUS, it is extremely useful and beneficial. However, I do not consider so at this stage. At best, only in limited situations, CEUS can be a substitute for CE-CT. Hence, I think that what the authors should emphasize is not general usefulness of CEUS. The authors should describe that what situation is adequate for CEUS rather than CE-CT.