



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 23333

Title: Massive haemorrhage in liver transplantation - consequences, prediction and management

Reviewer's code: 00731695

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2015-11-12 18:40

Date reviewed: 2015-12-26 17:28

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various review criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

The paper deals with some aspects of "massive" bleeding prevention and management during liver transplantation. Authors' aim was to focus on massive hemorrhage, as well as to report relevant lessons from other surgical specialties. However in the main text, massive hemorrhage "sensu strictu" has only been generically defined, and relevant notes shortly reported in the paragraph Consequences of massive blood loss. For example, in the field of liver transplantation surgery speaking of Prediction of massive transfusion.. instead of prediction of transfusion, consequences of massive transfusion...instead of consequences of transfusion, risk factors for massive bleeding.. instead of risk factors for bleeding, etc explains only minimal difference in terms of studies explored, statements reported, citations, recommendations. Readers expect to have had these differences noticed after reading the title. The topic of coagulopathy, bleeding (massive or not), consequences and prevention, etc. has been already covered by many articles, reviews, and liver transplant-related literature (e.g Feltracco et al W J Hepatol 2013; Clevenger et al W J Gastroenterol 2014; Pandey et al W J Gastointest surg 2015,all not cited) The paragraph lessons from the battlefield delineates



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the recommended transfusion strategy for this setting; how can this teaching be transferred to the intraoperative phase of liver Tx procedure? As mentioned, coagulopathy of end stage liver disease is very different from the acquired coagulopathy of trauma, and bleeding mainly comes from portal hypertension. Authors have not properly linked these two situations. There is an accepted trend towards limiting Massive blood products transfusion; fluid restriction, fibrinogen, albumin, and "TEM" guided transfusion are now more appropriate. Some paragraphs are more extensively written and some topics "more deeply" investigated with respect to others (e.g. preoperative risk factors for bleeding vs intraoperative factors) Some words on : targeting a lower perioperative Hb levels (as a valuable strategy to reduce RBCs transfusion) .. deserve mentioning Some statements not clear.. and "minor" errors: (e.g. first lines of Abstract, balanced..or rebalanced coagulopathy in liver cirrhosis?.. paragraph after...pathological stresses to the system (section coagulopathy of liver disease).. to note to mention in the paragraph after Multivariate analysis



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

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Science editor: Fang-Fang Ji

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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 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 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript is an excellent and thorough review of biologic and clinical issues regarding massive blood loss and massive transfusion in liver transplantation. I have only very minor comments or suggestions. Page 5, 2nd paragraph: The last sentence ("The Prothrombin Time and International Normalized Ratio...") would be more comprehensible if split into 2 sentences. Page 10, last sentence: The assertion that "MTP's are likely not indicated" has not been rigorously studied, to my knowledge. A more neutral statement or a bit more theoretical explanation would be preferable.