

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38070

Title: Thrombocytopenia after liver transplantation: should we care?

Reviewer's code: 02822816

Reviewer's country: Romania

Science editor: Ya-Juan Ma

Date sent for review: 2018-01-31

Date reviewed: 2018-02-04

Review time: 4 Days

| 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 checked="" 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 |
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| | | <input type="checkbox"/> Duplicate publication | |
| | | <input type="checkbox"/> Plagiarism | |
| | | <input checked="" type="checkbox"/> No | |

COMMENTS TO AUTHORS

To the authors, I have the following comments to your manuscript: 1. Please, read carefully the Format for references and make corrections (the first author should be typed in the bold-faced letter, etc.). 2. There are few syntax and spelling errors; please, make corrections. 3. The platelets in relation to LT is a topic reported in several other review articles. It would be helpful if you mention why your review is distinct from other published reviews. 4. Several paragraphs are rather confusing (e.g., page 4 "Pelveak et al. ..performing a clinical experiment in transplant recipients and healthy volunteers"). Please, make corrections. 5. Please, discuss the limitations of your review. 6. You should indicate the reference at page 5, last paragraph, line 5. 7. Before "Future perspectives", page 13, you should write the Conclusion of the review. 8. Fig. 1 and Fig. 2 should be deleted as both the mechanisms of platelets promoting liver regeneration after partial hepatectomy (Fig. 1) and mechanisms of thrombocytopenia after LT (Fig. 2)



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are presented in details at pages 6/7 and 7/8, respectively. I regret that I cannot recommend your manuscript to be published until a major revision dealing with all above comments is made.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 38070

Title: Thrombocytopenia after liver transplantation: should we care?

Reviewer's code: 02530754

Reviewer's country: Spain

Science editor: Ya-Juan Ma

Date sent for review: 2018-01-31

Date reviewed: 2018-02-06

Review time: 6 Days

| 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 checked="" 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 |
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| <input type="checkbox"/> Grade E: Poor | | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Major revision |
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| | | <input checked="" type="checkbox"/> No | |

COMMENTS TO AUTHORS

In the present mini-review Takayashi et al aimed to discuss the clinical impact of thrombocytopenia after liver transplantation. The conception of the manuscript and the topic are of high interest. The tables and figures are informative and well designed. Writing is redundant at some points. The authors enumerate studies, some of them showing similar findings, without any critical discussion. It would be interesting to read some criticism on the quality of the evidence while some methodological flaws repeated all over the literature in this topic are highlighted. Only then, recommendations to further improve the knowledge in this field can be made. The authors are kindly invited to consider the following comments: - Regarding the manuscript structure, the authors presented possible mechanisms of thrombocytopenia after discussing its potential clinical impact. In my opinion, it would make more sense on the other way round. - Platelet count is sometimes falsely decreased by automatic methods because of

circulating platelet aggregates. Manual counting is time consuming and it is not systematically performed. The authors should stress the need of individual manual counting to confirm clinically significant platelet count reduction, at least anytime before considering platelet transfusion. - In some cases, platelet count acts as a marker of complications/graft dysfunction rather than a cause for such clinical situations. The authors should try to delineate clearly in which clinical complications raising platelet count (by using transfusion, immunoglobulin infusion...) would be helpful, and how to monitor such strategies. - Regarding preservation solutions it can be read: "Williams et al. and Himmelreich, et al. reported correlations between lower post-transplant thrombocytopenia and use of UW solution". The authors quoted refs 56 and 57 to support this statement. Are these randomized trials? If they are observation retrospective studies, this statement may be taken with caution. - I missed information about the emerging role thromboelastography as a tool to guide intraoperative management. - Aligning with the previous comment, the authors have focused on platelet count but nothing is said about platelet function. It may well be that some patients with normal platelet count have a derangement in platelet function, being the paradigm the use of anti-platelet therapy. - Aspirin use (or other anti-platelet drugs) is becoming increasingly popular to prevent vascular complications (in absence of solid supporting evidence). In opinion of the authors, and taking into account the clinical relevance of platelets for graft regeneration, What would be the potential consequences of using aspirin in most liver transplant recipients? - There is no defined threshold to establish the need of platelet reposition after liver transplantation. This should be highlighted in the manuscript. - As a general recommendation, the quality of the evidence supporting the potential role of platelet count on worse outcome after liver transplantation is generally low. Most results are based on small retrospective series coming from a single center. Therefore the strength of the conclusions made in the review is also diminished. A comment on this is warranted.