

ESPS Peer-review Report

Name of Journal: World Journal of Meta-Analysis

ESPS Manuscript NO: 7787

Title: Varicocele: How This Condition and Its Management Affect Men's Health

Reviewer code: 00736564

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 22:01

Date reviewed: 2013-12-01 23:06

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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Author has written interesting minireview on varicocele, with the aim to reflect potential influence of varicocele and varicolectomy on mens health. I would suggest several changes in the manuscript: -In order for this paper to qualify to this journal I would suggest to add description of the kind of article this is in the title. I personally would add here "minireview" since this article lacks a lot to be misconfused with systematic review or meta analyses. -As instructions to the authors state "There are unstructured abstracts (no less than 200 words)" this abstract should be longer and more informative what would aid its chances to being cited. Also authors should more clearly state their aim in the abstract and also should add more conclusions in the abstract and not just state we give overview so please read our paper. -As stated in the instruction to the author: The author should number the references in Arabic numerals according to the citation order in the text. Put reference numbers in square brackets in superscript at the end of citation content or after the cited author's name. - Also change the references according to the instructions to the authors i.e. year;volume:pages. -Author nicely states that varicocele is prevalent condition, but to support this as this in one of the driving points to write this paper I would suggest in the introduction section to add some more discussion on various papers which researched varicocele prevalence. -In etiology section I would suggest to add: Anatomical differences between left and right vein, on the left side testicular vein has right angle insertion in renal vein while on the right side it is sharpangled into the vena cava inferior. -Please define what is advanced age. in one sentence in the etiology section - in diagnosis section: It would add to the value of this paper if the author could give its comment on other diagnostic method namely thermography, scintigraphy, venography. - in indication section: One of the indications is also ipsilateral testicular atrophy also add cosmetic indication also define



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pain as scrotal pain. - in male factor infertility section: next to the each proposed mechanism add corresponding references instead of adding them all before listing mechanisms. This would be much more valuable for the readers.

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Name of Journal: World Journal of Meta-Analysis

ESPS Manuscript NO: 7787

Title: Varicocele: How This Condition and Its Management Affect Men's Health

Reviewer code: 02504871

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-30 22:01

Date reviewed: 2013-12-11 11:27

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 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 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
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Introduction: 1. The introduction starts citing reference number 16. References need to be cited and numbered according to their presentation in the manuscript text. Diagnosis and classification: 2. The term subclinical varicocele is repeated multiple times throughout the manuscript. Please present a clear definition of what the author means. Is it a nonpalpable varicocele? 3. I suggest changing: "no clear cut-off measures" to measurements. Varicocele in the male factor infertility: 4. "there was a wide range of detecting varicocele among different centers" - A wide range of what? Of medical specialties involved? Of diagnostic exams or imaging? 5. This manuscript seems to be biased toward a surgical approach to treat varicocele over endovascular embolization approaches. There are many studies (not cited), that demonstrate equivalent safety, efficacy and success rates after embolization. Therefore, embolization should be presented as a good alternative to surgery. This author can do a great service for the readers by comparing side-by-side pros and cons of surgery and embolization (e.g., using a table). Specific risks of each procedure and their incidence should be presented (e.g., arterial injury, hydrocele, etc.). Varicocele and Non-obstructive azoospermia: 6. Please fix typo: improve semen quality index to upgrade" Prophylactic varicocelectomy: 7. I'm not sure if this is a correct use of the term prophylactic. Prophylaxis usually means prevention of disease from occurring. These patients here are not being treated before the development of varicocele. Is this term "prophylactic varicocelectomy" used routinely in the urologic literature? Varicocele and scrotal pain: 8. "limiting physical activity, that which are impractical and of limited benefit. In a study where of 140 patients who were treated conservatively" 9. Micronized purified flavonoid fraction: please explain to readers what is this. Is it a nutritional (oral) supplement? 10. "To date, there are no studies that assess the effect of subclinical varicocele repair on scrotal pain." -- I



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would rephrase this. If there is pain, then the varicocele is clinical (i.e., symptomatic), not subclinical. I believe the author means the effect of nonpalpable varicocele repair on scrotal pain? 11. "Further support for the notion that an etiology a cause other than varicocele might be the reason behind treatment failure is noticed in the finding that failure rates..." 12. "But this association with symptom duration too was not supported by findings and other studies. 13. Surgery for varicocele is not a single type of operation. There are many different surgical approaches in the literature, which should be presented in a comparative way, with relative advantages and disadvantages of each surgical technique. Varicocele and hypogonadism: 14. ART - please write the full name in the text before using the abbreviation. Note: Please forgive any typos or mistakes. This document was generated using voice recognition software.