Baishideng Publishing Group Co., Limited
Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
Ms: 2641
Title: Pathophysiology, Epidemiology, Classification and Treatment Options for Polycystic Liver Diseases
Reviewer code: 00003558
Science editor: x.x.song@wjgnet.com
Date sent for review: 2013-03-05 15:16
Date reviewed: 2013-04-05 22:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS

COMMENTS TO AUTHORS:
The authors have written an interesting report on polycystic liver disease. T he manuscript aims to describe the current views on pathophysiology, clinical course, diagnosis and treatment strategies of polycystic liver disease (PLD). The authors try to provide recommendations regarding the treatment of symptomatic PLD by describing the optimal timing and best therapeutic strategy. Gigot's classification is used to categorize PLD patients. The authors provide a summary of published case series regarding the surgical techniques used for cyst fenestration and resection in patients with symptomatic PLD. Furthermore, a summary regarding the outcome of symptomatic PLD patients undergoing liver transplantation is given. The authors conclude that symptomatic PLD - Gigot type I should be treated by with cyst fenestration or sclerotherapy. Symptomatic PLD - Gigot type II requires hepatic resection with or without cyst fenestration and that liver transplantation is recommended in case of symptomatic PLD - Gigot type III. This is an interesting contribution but it lacks some elements. First it does not come from an authorative source, that is from authors with proven experience in the field. That does not need to be a disadvantage, however the designs of the review is narrative. The authors have decided for us the readers which articles to discuss. The selection criteria are unclear and as such I prefer that a more systematic approach is being followed (i.e. systemtic selection of sources). General comment 1. At first glance the provided manuscript does not appear to add significant new findings in addition to recently published review articles regarding (treatment of) PLD (e.g. PMID: 21105111& 23296249). On the other hand the manuscript

does give a clear summary of PLD treatment outcomes (Tables 7-9). I would recommend the authors to try incorporate this summary and the conclusions that are . 2. The authors' statement to justify rapid publication: "This is a review paper that we would like to have published in a very short period of time as there is lack of review articles on the topic of polycystic liver disease." is questionable. There are a number of reviews available (PMID: 23296249; PMID: 21790682, PMID: 21105111; PMID: 17876869). I would advise improving the incorporation of the literature search results (predominantly Tables 7-9) in their manuscript and changing the rationale of rapid publication into "lack of a summary of published case series regarding surgical techniques and outcomes in symptomatic PLD patients". 3. Most important, the definition and interpretation by the authors of the abbreviations PLD, PCLD, ADPKD and ADPLD does not correspond with the most influential cited literature which might lead to confusion. There is rather inconsequential use of abbreviations. At present time no consensus exists on PLD abbreviations, but in view of the most authorative sources published in prominent journals on this topic, I would recommend the following in terms of abbreviations and definitions. PLD: polycystic liver disease (arbitrarily defined when >20 liver cysts are present ? PMID: 21105111). PCLD: autosomal dominant polycystic liver disease ? PMID: 21105111. ADPKD: autosomal dominant polycystic kidney disease ? PMID: 18945943. Study Pei et al. 2009 for the Pei adjusted Ravine criteria for the diagnosis of ADPKD and modify Table 4 accordingly. I recommend not using ADPLD or any other additional abbreviations. 4. The overall readability is unsatisfactory because of poor use of the English language, unclear lay-out and numerous tables and figures. I suggest that the authors are a bit more restrictive. Furthermore, text references to tables and figures frequently do not correspond with the table and figure numbers. See the remarks under 'specific comments' for advice. Specific comments 5. Title a. The title does not reflect the primary aim of the manuscript. I recommend

Baishideng Publishing Group Co., Limited
Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
Ms: 2641
Title: Pathophysiology, Epidemiology, Classification and Treatment Options for Polycystic Liver Diseases
Reviewer code: 00054102
Science editor: x.x.song@wjgnet.com
Date sent for review: 2013-03-05 15:16
Date reviewed: 2013-04-06 22:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS

COMMENTS TO AUTHORS:
Overall the manuscript is very interesting. I think it is a very complete, well structured and interesting revision on polycystic liver diseases. In fact I have only a minor comment. Diagnosis of infection in yhe setting of PCLD is difficult. There are some recent studies on the usefulness of PET/TC in this scenario. Could you comment on it. Could you comment both on the diagnosis and management in case of infection?

Baishideng Publishing Group Co., Limited
Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
Ms: 2641
Title: Pathophysiology, Epidemiology, Classification and Treatment Options for Polycystic Liver Diseases
Reviewer code: 01560498
Science editor: x.x.song@wjgnet.com
Date sent for review: 2013-03-05 15:16
Date reviewed: 2013-04-15 19:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS

COMMENTS TO AUTHORS:
Abu-Wasel, et al reviewed the current status of the etiology, pathophysiology, clinical course and therapeutic strategies including liver transplantation (LT). Selective patients with massive hepatomegaly from PCLD benefit from operative intervention. The type of operation performed is mainly dependent on the distribution of the cysts, coincident sectoral vascular patency and parenchymal preservation. Laparoscopic deroofing provided complete relief of symptoms for PCLD. Percutaneous drainage was our procedure of choice for infected liver cysts and potentially for patients who cannot tolerate general anesthesia. Hepatic resection can be performed with acceptable morbidity and mortality, prompt and durable relief of symptoms, and maintenance of liver function. Liver and liver-kidney transplantations were reserved for patients with end-stage PCLD alone and in association with end-stage renal disease, respectively. This paper is well written, but some revisions are required. 1. Demerit of liver transplantation: I agree that LT is the best therapeutic option for intractable PCLD. However, some researchers described that LT are less broadly applicable, though effective in selected patients (Ref. 58). The timing and decision of LT is often difficult. Though MELD score is useful, advantage and disadvantage of LT for PCLD patients should be clearly described. 2. Abstract line 4: 'PLD' should be corrected to 'PCLD'. 3. Page 6, line 1: 'CA19.9' should be corrected to 'CA19-9'. 4. Page 8, last paragraph: 'PLD' should be corrected to 'PCLD'.