

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5135

Title: Two surgical treatments on esophagogastric varical bleeding in patients with portal hypertension

Reviewer code: 02445571

Science editor: Qi, Yuan

Date sent for review: 2013-08-18 19:58

Date reviewed: 2013-08-31 22:53

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> 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

The authors compared the effectiveness of two surgical treatment methods of devascularization only and devascularization plus splenorenal shunt for the prevention of esophageal varices bleeding. This is a very interesting topic and has puzzled the surgeons for many decades. It still remains controversy in China. Liver transplantation is considered ultimate curable treatment for liver cirrhosis and its complications. Endoscopic banding has been considered as a first choice of treatment for esophageal varices bleeding in western countries. The TIPS has been adopted only in short period before liver transplantation due to the high incidence of encephalopathy. The manuscript exist several problem below: 1. There were no parameters and indications for patient selection, inclusive criteria for each group were not clear. Therefore, the results were doubted to be comparable. 2. It was unexplainable why the total haemorrhage was less in the combination group? 3. The authors failed to analyze the major complication of encephalopathy which may be closely related with shunt postoperatively. 4. The overall English written was poor.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5135

Title: Two surgical treatments on esophagogastric varical bleeding in patients with portal hypertension

Reviewer code: 02546358

Science editor: Qi, Yuan

Date sent for review: 2013-08-18 19:58

Date reviewed: 2013-09-03 22:32

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 checked="" 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

The authors have done a great effort to treat not easy portal hypertensive patients by surgery, and analysed the results. Elaborative works were performed to measure and compare the effect of operations, but this study have some major weakness. 1. The author described that the two group are comparable, but it seems not so. PCVD group has more grade B and C patients, and more patient with pre-operative bleeding. Higher incidence of postoperative fever in PCVD group of less operation time also implies that the PCVD group has worse background features. 2. There is no explanation why the patients could be arranged comparably into PCVD group and combined group. Exclusive criteria for the combined group "(5) grade B or less" seems to make no sense considering no CHILD C patients in combined group. 3. In table 3. FPP in combined group is already lower than PCVD group in PCVD step. Also the difference between PCVD and shunt in combined group look not so significant. Further explanation may be needed to prove the effect of shunt.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5135

Title: Two surgical treatments on esophagogastric varical bleeding in patients with portal hypertension

Reviewer code: 00505500

Science editor: Qi, Yuan

Date sent for review: 2013-08-18 19:58

Date reviewed: 2013-09-09 23:17

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

RE: ESPS Manuscript NO: 5135 Title: Two surgical treatments on esophagogastric varical bleeding in patients with portal hypertension The authors investigated the surgical outcome of patients with portal hypertension (PHT) who underwent either pericardial devascularization (PCVD) alone or splenorenal shunt plus PCVD. They conclude that the devascularization plus splenorenal shunt is an effective and safe strategy to control esophagogastric variceal bleeding in PHT patients. Strengths of the study are the large number of cases, good follow up, and excellent annotation with clinical data. However, weak point of the study is statistical analysis. Several comments can be addressed. Major comments: #1. My concern is statistical analysis. Although Student's t test was used for continuous variables (page 8, last paragraph), Mann-Whitney's U test is an appropriate approach because clinical continuous variables do not show normal distribution. Therefore, the authors should re-analyze all rerated continuous variables (haemorrhage, operation time, postoperative acsites, and postoperative portal pressure, etc) and revise the related sentences. #2. The events of rebleeding, encephalopathy, thrombosis, and death depend on follow-up time; therefore, statistical test of frequency between 2 groups is not sound statistically. The analysis of cumulative incidence using the Kaplan-Meier method (log rank test) is an appropriate approach. The authors should re-analyze the cumulative incidence and survival by the Kaplan-Meier method (log rank test).