

ESPS Peer-review Report

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ESPS Manuscript NO: 4380

Title: Assessment of risk of complications in cirrhosis

Reviewer code: 00225256

Science editor: Song, Xiu-Xia

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

COMMENTS TO AUTHORS

[Reviewers' comments:] This paper evaluates the impact of a rather ancient technique (rectal thallium scintigraphy, used to measure the portosystemic shunt) to assess the risk of cirrhotic complications in a cohort of patients with hepatitis B-related cirrhosis. The results are that the thallium scan is well correlated to the Child-Pugh classification, and is the only independent risk factor of liver decompensation in multivariate analysis. There are several minor issues with this paper: 1. As there are several ways to calculate heart / liver ratio, the article has to present exactly how this parameter was computed by the research team. As the values of heart/liver per-rectal Tl-201 ratio in normals considerably differ from author to author (being as low as 0.03-0.12 in other articles), it would be important to know if this research team has had their own reference group of normals for this procedure and for the type of computing of the H/L ratio they used. 2. Although scan shunt index test could be a non invasive test, but is it a cost efficacy test? To day two non invasive and easy to use methods i.e. "elastography or elastosonography of the liver and the spleen (Garcia-Tsao G, Castera L. When the spleen gets tough, the varices get going Gastroenterology 2012) are very accurate not only to predict the presence of esophageal varices but also to predict the portal hypertension degree. 3. Furthermore the references are not up to date. At least two longitudinal studies in which Fibroscan was used to predict complications in compensated cirrhosis exist (Robic MA et al J Hepatol 2011;55:1017-1024; Kim SU Plos One 2012;7:e36676) 4. The statistical analysis was quite confusing because is not clear if logistic analysis, ROC analysis are referred to the first or second part of the study. However I think that the above analysis should be made both for the first part (when associated factors were evaluated) and for the second longitudinal part (when risk factors were assessed). Furthermore it could be more interesting to assess by ROC analysis cut-off for rule in and



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rule out for each complication