

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4911

Title: An Accurate Predictor of Liver Failure and Death after Hepatectomy: A Single Institution' s Experience with 478 Consecutive Cases

Reviewer code: 00053958

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-08-02 01:38

Date reviewed: 2013-09-10 12:34

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

This is an interesting article on a large group of patients who had liver resections and is an attempt to predict mortality and morbidity from liver failure post resection. The authors use some novel measures to determine this. I'd like to make the following points: Major points: 1) I do not think that their aim to define PLF is fulfilled- their work attempts to predict morbidity and mortality but does not define this entity 2) I also think that they do not show a valid way to determine the risk preoperatively 3) I think they have done a good job in presenting the evidence that their measures predict mortality and perhaps morbidity when used in the early post-op period but I am not convinced that their resistance measures are superior to simple INR and T Bil. Minor points: Introduction section: 1) They state that 'hepatectomy is a treatment for malignancies and benign diseases such as HCC- HCC is not a benign disease. 2) They state that 'the main causes of perioperative death result in postoperative liver failure (PLF) from hemorrhage- I don't understand this statement. 3) They also state that 'PLF is characterized as failure of one or more of the hepatic synthetic and excretory functions that include hyperbilirubinemia, ascites, coagulopathy, hypoalbuminemia -ascites is NOT a hepatic synthetic or excretory function in the conventional sense Results section: Complication grades are given but what were the actual complications? Different groupings according to HR are described and they seem to correlate with degrees of mortality risk. However, the description of morbidity incidence' is rather vague-percentages are given but no details- how many of this morbidity events were class 3-5 complications? Discussion section: 'With the advances in the field of liver surgery, hemorrhagic risk has been controlled and hepatic failure has clearly emerged as the major risk of hepatic resection.' - is this true? The presence



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of hemorrhage or need for transfusion is associated with higher risk of death and morbidity in their patients so clearly it remains a big factor. I think this needs to be removed. 'we detected the relationship between ICG-R15 and resection segments in patients with an HRs of two. On this basis, we determined preoperative criteria to select patients for hepatectomy to increase the safety of resections. ' -not sure that this is clear in the text- they present a way to - poor prognosis in the early post op period but not convinced that pre-resection parameters can predict this- need to explain more clearly. Figure 1- shows the T bil and INR changes with time- so why not use absolute values and use ratios instead?