

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6704

Title: -CIRRHOSIS AND HEPATOPULMONARY SYNDROME

Reviewer code: 01809048

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-28 13:49

Date reviewed: 2013-11-04 15:45

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 checked="" 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)	<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

First of all, this paper is well constructed review of HPS with new insight of molecular mechanism. However several points should be revised and clarified. Major: Although the authors discussed pathogenesis of HPS in several parts of the paper, no description regarding the pathology of HPS, namely histological character of the lung of the cases with HPS. Pathological analysis should have been done elsewhere in the medline and be cited as a morphological investigation relating the classification of two types of HPS as mentioned in the paper. Furthermore reversibility of HPS by liver transplantation should also be pathologically discussed as in minor revision. Minor: 1) Page 5, in Clinical features, asymptomatic should be asymptomatic. 2) Middle of page 6, orthodexia is explained but the relationship between HPS and orthodexia was not shown. 3) If LT could reverse the HPS to normal pulmonary function, the pathological changes would be reversible by the resolution of hepatic dysfunction. This points should also be precisely discussed and clarified the pathological reversibility. Usually chronic organic damage could not be reversed in a short period like liver cirrhosis treated by interferon resulting viral disappearance. 4) Small character in Figure 1 and 2 should be enlarged for easy reading. 5) Figure 3 and legends need arrow or arrow head to understand the figure legends. 6) Figure 4 needs normal or control angiography without HPS to understand the difference of HPS and without HPS.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6704

Title: -CIRRHOSIS AND HEPATOPULMONARY SYNDROME

Reviewer code: 02462032

Science editor: Wen, Ling-Ling

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

COMMENTS TO AUTHORS

Interesting review. Comments: 1. Contrast echocardiography (CEE) is accepted as sensitive test. You suggest diagnosis if microbubbles appear in left atrium after 3 heart beats after initial appearance in the right side of heart. However other authors (Lenci I, et al) have reported the cut-off of 5 beats. Please, if you think that 3 is better a reference must be necessary. 2. What about diffusion capacity in pulmonary function tests?. Is it important?. 3. As bacterial translocation seems to play an important role in physiopathology, it would be interesting to test selective intestinal decontamination to treat HPS. You write that this does not work, but in your reference (Rabiller A) in a experimental study in rats it seems to decrease some indicators of HPS. Can you clarify this point? 4. You write in discussion that survival after LT was not dependent of PaO₂, but some authors consider that PaO₂ < 50 mmHg is a contraindication to LT because postoperative mortality is too high. Do you think that exists a cut-off of paO₂ that precludes LT?