

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5475

Title: Consecutive resection of gallbladder and spleen by laparoscopy for liver cirrhotic patients

Reviewer code: 00054089

Science editor: Ma, Ya-Juan

Date sent for review: 2013-09-11 19:54

Date reviewed: 2013-10-17 16:38

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

COMMENTS TO AUTHORS

This is an interesting study. the authors should justify why splenectomy was indicated - in general, this should be avoided in cirrhotic patients. More details should be given: how were patients selected and how was treatment decided were all eligible patients included, if not more details should be given were complications, blood use, hospital stay, long term follow-up, pain etc assessed in a prospective way, if not, the outcomes must be less confident than stated more details should be given about the surgeons expertise and possible learning effect

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5475

Title: Consecutive resection of gallbladder and spleen by laparoscopy for liver cirrhotic patients

Reviewer code: 02572373

Science editor: Ma, Ya-Juan

Date sent for review: 2013-09-11 19:54

Date reviewed: 2013-10-22 05:10

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 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 checked="" 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

- Why performing a splenectomy? despite the mentioned indications for splenectomy in the study, none of the labs cutoff were related to its clinical implications. Absolute numbers should not be an indications for surgery and most centers wont perform a splenectomy for the cited reasons. Also, were those standard indications in the clinical service? if not, what happen to the other patients with same values that were not taken to the operating room? - The authors are putting too much emphasis comparing the laparoscopic and the open cholecystectomy/splenectomy groups to point out difference that are expected. The study should focus more on the fact that minor/not significant differences were found between the LS versus the LC/LS groups. - Due to the small sample size, the authors cannot confirm that there is no difference in portal/splenic vein thrombosis between groups. - It seems really unlikely a 3 minute difference between LC+LS compared to the LS group. As pointed out by the authors, performing a cholecystectomy in patients with cirrhosis requires additional time to avoid bleeding during dissection plus the change in positioning of the patient, so how the authors explained this? were the more skilled surgeons performing the LC/LS and the less skilled surgeons the LS alone? - In table 3, authors reported that all the patients who underwent LC/LS and almost all the patients who underwent LS became Child A class. How this happen? Performing a splenectomy don't change any of the child class (and that is confirmed by the authors as bilirubin levels were almost unchanged while albumin levels decrease) so how this happen?