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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8682

Title: Risk factors associated with early and late HAT after adult liver transplantation

Reviewer code: 01168670

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 13:58

Date reviewed: 2014-01-17 10:35

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

COMMENTS TO AUTHORS

The article by Yi et al, "Risk factors associated with early and late HAT after adult liver transplant" is overall well-written and provides a contemporary analysis of a long-standing problem in liver transplantation. The article's strengths are particularly related to the operative/perioperative phase with regard to the effects of complicated transplants and requirement of blood products in a contemporary era where blood products are overall reduced across the field. There are only a couple of questions or issues that need to be addressed: 1) Please define for the readers what is a "dual transplant" 2) Did the authors identify whether HAT in itself was a risk factor for recurrent "early" HAT or "late" HAT? This would be helpful to include in the analysis.



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Title: Risk factors associated with early and late HAT after adult liver transplantation

Reviewer code: 01559615

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 13:58

Date reviewed: 2014-01-18 01:34

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)	<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 checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a retrospective analyze of large case series. The main topic of investigation is determination of risk factors for hepatic arterial thrombosis (HAT). Authors concluded that recipient/donor weight ratio ≥ 1.15 , duration time of hepatic artery anastomosis >80 min, the number of units of blood received intraoperatively ≥ 7 u and received blood postoperatively are found as independent risk factors for early HAT. Additionally, duration time of operation >10 h, retransplantation and rejection reaction are found as independent risk factors for late HAT. This manuscript is including important information for transplant surgeons. However, I would like to inform some important details regarding to this case series. First; I would like to learn the reasons for absence of MELD evaluation of patients? Second; the vast majority of cases are undergone deceased donor liver transplantation. I wonder the rate of marginal (or extended criteria donor) donor utility in this series. Is the use of marginal donor considered as a risk factor for HAT. Third; according to your anticoagulation protocol against HAT, "Hepatic arterial reconstruction was performed using microvascular techniques, after adoption of systemic anticoagulation (heparin, 62.5 U/kg, intravenous, 5 min before anastomosis). Administration of alprostadil (20 μ g) to maintain artery patency was used in all cases after the completion of hepatic arterial reconstruction." I wonder, is your strategy same in recipients preoperative INR level greater than 3? And, actually, I would like to learn your postoperative anticoagulation protocol, in detail. The statement of "low-dose low-molecular-weight heparin (LMWH) and alprostadil were administered for postoperative anticoagulation therapy" is very superficial description. It should be presented in detail. Fourth; how many cases were undergone liver transplantation for fulminant liver failure? Is acute liver failure considered as a risk factor for HAT? The parallel question, the etiology table for liver transplantation is very superficial, the readers



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would like to inform more detailed etiology spectrum of this large Chinese series. Fifth; the warm ischemia times presented in table 2 is very short. If this time ranges are not presented erroneously, I would like to inform your anastomotic techniques of hepatic vein to vena cava and portal vein to portal vein. Actually, I would like to inform median TVE time in your series. Sincerely yours