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ESPS Peer-review Report

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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

Khaderi et al describes hepatitis C infection in children, especially focusing on pediatric liver transplantation. This paper is very interesting. Pediatric liver transplantation associated with HCV infection is rare and there is few data. This information is useful for pediatricians and surgeons. Minor revisions. However, the authors should clarify the characteristics of children who received liver transplantation. What kind of factor is related to liver transplantation in children? For instance, underlying diseases? Sex? HIV? etc. If possible, the authors should show the median (or mean) age of the patients in Table 2 and 3.