



ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9335

Title: Clinical Research On Portal Vein Arterialization Technique For Liver Transplantation Patients (Two Cases Report)

Reviewer code: 00504591

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-10 11:46

Date reviewed: 2014-02-13 12:46

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It contains evaluation criteria and checkboxes for each grade from A to E.

COMMENTS TO AUTHORS

The manuscript entitled, "Clinical research on portal vein arterialization technique for liver transplantation patients (Two case reports)" by Zhang K et al., reported two cases of portal vein arterialization during liver transplantation. I think that portal vein (PV) arterialization is one of the options for achieving an enough portal venous flow in patients with severe portal venous thrombi, and that transplant surgeons should learn this technique as a last resort. I have some comments. Comments 1. English should be refined before submitting this article. 2. I do not think that "the operation results were all perfect". In Case 2, the outcome is obscure. What did authors mean by the description, "gave up therapy"? 3. Did authors try or consider eversion thromboendovenectomy, jumping bypass using venous conduits, portocaval hemitransposition, renoportal anastomosis, and combined liver-small bowel transplantation before PV arterialization? All which should be considered before the decision for PV arterialization. 4. Authors should discuss frequent complications after PV arterialization, such as liver fibrosis, unchanged portal hypertension, right-sided heart failure, cholangitis, liver abscess, and aneurysmal dilatation of PV. 5. Authors should refer to reports from experienced centers, such as, Liver Transpl.2013;19:773, Transpl Int. 2003;16:15, Gastroenterol Clin Biol. 2010;34:23.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9335

Title: Clinical Research On Portal Vein Arterialization Technique For Liver Transplantation Patients
(Two Cases Report)

Reviewer code: 00054465

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-10 11:46

Date reviewed: 2014-02-16 23:42

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It contains checkboxes for various grades (A-E) and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

This is an important contribution to the literature. It adds 2 more case reports to the literature of a rarely done procedure. The English language does need editing. The Case Reports should be enhanced in the discussion with a short review of other works and indications for portal vein arterialization. The authors have included caval portal hemianastomosis and vein interpositions. Renoportal anastomosis, coronary venous portal anastomosis, liver and small intestine transplantation should be added with references. Another indication is hepatic artery loss due to thrombosis or other damage. An excellent review by Bhangui P et al "A salvage procedure for a totally de-arterialized liver. The Paul Brousse Hospital Experience" HPB (Oxford) 2013, Dec 13. could be included. It does not need to be an extensive addition/review added to the discussion, just a few sentences for completeness that would be very helpful to the reader. Hibi T et al Ann Surg 2013 Dec 11. a review from Tzakis' group of 174 portal vein thrombosis: 123 underwent thrombectomy, 16 a interposition vein graft, 10 mesoportal grafts, 18 hemicavalportal grafts, 6 renoportal and ONLY 1 ARTERIALIZATION! This emphasizes the importance of this manuscript under review. So just a few extra sentences and references for completeness and a spell check and this will be a useful addition to the literature.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9335

Title: Clinical Research On Portal Vein Arterialization Technique For Liver Transplantation Patients (Two Cases Report)

Reviewer code: 00182436

Science editor: Gou, Su-Xin

Date sent for review: 2014-02-10 11:46

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It contains checkboxes for various grades (A-E) and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

The Manuscript "Clinical Research On Portal Vein Arterialization Technique For Liver Transplantation Patients (Two Cases Report)" written by Kun Zhang et al. is an interesting report on solving the problem of non treatable portal vein thrombosis in the setting of a liver transplantation. The Authors describe a very helpful attempt by performing Portal Vein Arterialization and showed its function in two patients. I think this publication should to be published, but before that it needs some improvement in content and written English. Remarks: Major remarks 1. Abstract: You write "The patient left the hospital voluntarily sixty days after transplantation because of the pulmonary infection and acute renal failure". What does that mean? Is the patient dead? Did he leave the hospital with a pneumonia and the need for hemodialysis? Please be more precise! 2. Clinical Data (Case two): Hormone impact treatment! Please state what has been administered precisely! 3. Clinical Data (Case two): And again like in the Abstract. What do you mean by the patient gave up therapy? Did he die? Do you have a follow up? This part is confusing to me. Please be more precise. 4. Discussion: "Acute hepatic failure could be effectively prevented (4) and liver cells`energy metabolism could be improved effectively (5)". If you cite these publications please tell the reader more about the content. Please be more precise. 5. Discussion: Trophic factors of the hepatic inflows (6)? What do you mean with that. Please be more precise. 6. Discussion: "Overperfusion of arterial blood into the liver by portal vein might bring some harmful effects (8)". What kind of harmful effects? Minor remarks 1. The English used in this publication shows several misspellings and grammatical errors. For example "stegnotic"! Did you mean stenotic? Or in the title "Two Cases



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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road, Wan Chai, Hong Kong, China

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Report? Isn't it two case reports? Also some expression are not scientific. For example ...donor liver both became pretty good after....I think satisfactory is more appropriate than "pretty good". 2. Clinical data: What does portal vein thrombi Genotype-IV mean? Did you mean Genotype? Please be more precise! 3. Please let a native English speaker perform a correction of your article!!!