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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10297

Title: Multiresistant bacteria in the Spontaneous Bacterial Peritonitis: a new step in management?

Reviewer code: 00013033

Science editor: Yuan Qi

Date sent for review: 2014-03-28 11:18

Date reviewed: 2014-04-02 04:01

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)		BPG Search:	<input checked="" 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

This is a mainly well-written editorial on the current management of cirrhotic patients with Spontaneous Bacterial Peritonitis (SBP) Comments; 1. please include 3 Tables: 1, on the diagnosis definitions of SBP, 2: summarizing the studies evaluating the treatment efficacy/outcomes (mortality, etc) and 3. on the suggested treatment management/algorithm 2. Please include a conclusion section highlighting the expert opinion



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10297

Title: Multiresistant bacteria in the Spontaneous Bacterial Peritonitis: a new step in management?

Reviewer code: 00502973

Science editor: Yuan Qi

Date sent for review: 2014-03-28 11:18

Date reviewed: 2014-04-15 22:41

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 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

In this manuscript, Mattos et al. reviewed the current status of spontaneous bacterial peritonitis, especially in the diagnosis and management of those induced by multi-resistant bacteria. It is relevant to the scope of the Journal. However, some concerns need to be addressed: 1. The English needs to be polished. Some sentences are too long to be understood. I suggest the author to use simple and short sentence to present the contents. Some grammatical errors are also present, e.g. "studies have been published that show changes in..." should be "studies have been published that showed changes in..."; "It is believe that this fact is due to..." should be "It is believed that this fact is due to...". 2. Page 4: "when admitted to the hospital" change to "when admitted to a hospital"; "varies from 10 to 30%" change to "varies from 10% to 30%". 3. Page 6: "When the PMN number is higher than 250/cells/mm³" change to "When the PMN number is higher than 250 cells/mm³". 4. Page 7: "(66% x 10%)" change to "(66% vs. 10%)". 5. Page 9: "once that a study performed in the United States showed a high rate of resistance (45%) to cephalosporins in patients with SBP [32]." and "After 48h from the beginning of treatment, control paracentesis diagnostic is recommended, where a reduction of at least 25% in the number of SBP should be observed" I cannot understand these two sentences. 6. Page 10: "...and should be treated with specific antibioticotherapy." What is "specific antibioticotherapy"? It should be defined. 7. Page 11: "...the use of intravenous albumin in the dose of 1,5 g/Kg of body weight in the first day and..." It was 1.5g/kg rather than 1,5g/kg in the original publication. 8. Page 12: "norfloxacin (400 mg bid for 7 days) has been used more commonly." Application of norfloxacin 800mg daily is a large dosage and is uncommonly used in clinical practice. The author should present evidences to support the usage of such a big dosage. 9. Page 13: "In patients with levels of



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proteins in ascitic fluid lower than 1,5 g/dL and advanced hepatic disease (Child-Pugh score higher than or equal to 9 with total serum bilirubin higher than or equal to 3 mg/dL) or renal dysfunction (serum creatinine higher than or equal to 1.2 mg/dL, BUN higher than or equal to 25 mg/dL or serum sodium concentration lower than or equal to 130 mEq/L), the administration of prophylactic norfloxacin resulted in a reduction of probably in one year from the occurrence of SBP and hepatorenal syndrome, and in the increase of survival rate in three months and in one year [50].” This sentence is too long and I cannot understand it. In addition, proteins in ascitic fluid lower than 1,5 g/dL or 1.5g/dL should be addressed. 10. Page 14: “Several proposals exist, but for the sake of reflection, starting from the premise that proton pump inhibitors favor enteric colonization; the occurrence of bacterial overgrowth and, ultimately, the bacterial translocation among individuals with cirrhosis, after systematic review and meta-analysis, it was suggested an association of this medication with higher incidences of SBP.” I cannot understand this long sentence. “The distinction between community-acquired infectious episodes, healthcare-associated infections or nosocomial, and the identification of risk factors for multi-resistant germs assist in the decision-making regarding the empirical antibioticotherapy choice.” This long sentence is incomplete. 11. References: Some of the references are not published in English and cannot be accessed by international readers. The journal’s names in the references are not in uniform. Some of them were present in abbreviation while some were in full.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10297

Title: Multiresistant bacteria in the Spontaneous Bacterial Peritonitis: a new step in management?

Reviewer code: 00504119

Science editor: Yuan Qi

Date sent for review: 2014-03-28 11:18

Date reviewed: 2014-04-22 21:13

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

COMMENTS TO AUTHORS

Maybe a table showing a several reports and frequent bacteria found can be applied in the manuscript body



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10297

Title: Multiresistant bacteria in the Spontaneous Bacterial Peritonitis: a new step in management?

Reviewer code: 00522743

Science editor: Yuan Qi

Date sent for review: 2014-03-28 11:18

Date reviewed: 2014-04-23 17:40

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)		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

The review well investigated a very hot topic in modern Hepatology: the role of multiresistant bacterial in spontaneous bacterial peritonitis. However, the Authors performed a descriptive review. Studies are not cited according to their relevance, nor the degree of evidence / the strength of recommendation are reported. Furthermore, there are not tables and several minor problems.

- Title The title refers to "a new step". This is not well discussed in the review. The title chosen by the Authors is appropriate for an Editorial, written in order to introduce a innovative leading study. I suggest to evaluate these two options: "Management of multiresistent bacteria in the spontaneous bacterial peritonitis" or "Multiresistent bacterial in the spontaneous bacterial peritonitis: evolution in the diagnosis, treatment, prophylaxis"
- Evidences a. Evidences regarding the "evolution in the management of spontaneous bacterial peritonitis should be hopefully summarized in a table (year, Author, N of patients, % of success, evidences, relevance, strength of recommendation) (table # 1). b. A further table (table # 2) should hopefully summarize thr key points in the treatment and the prophylaxis.
- Implications a. The implications of the management in the scope of liver transplantation should be better elucidated. The possible evolution to plastic peritonitis (which is a contraindication to liver transplantation), should be considered. The differential diagnosis with massive ascites due to portal thrombosis and to spread of hepatocellular carcinoma should be at least mentioned. b. The advantages and drawbacks of paracentesis should be reported.
- Authors opinion. Authors should hopefully distinguish evidences from the literature from the personal opinion.
- Limitation paragraph A limitation paragraph with identification of shadows should be hopefully included before the conclusion paragraph.
- Take home message A 5-6 point take-home



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message should be hopefully reassumed in a separate table (table # 3) or in the conclusion paragraph.

7. References a. The recent multicentre study on albumin supplementation in severe sepsis and septic shock (Caironi et al., NEJM march 2014) and the related correspondence in press should be cited. The NEJM paper gives the impression that patients with liver disease and severe sepsis, only a small number of which were included (n=27, 1.5% of study population), do not benefit from albumin. Withholding albumin in settings where albumin supplementation has been proven to be effective, would be an unfortunate and unintended, but not unlikely, consequence of the study. b. Please also consider the inclusion of: Ponziani FR et al. *Transplant Rev (Orlando)*. 2014 Apr;28(2):92-101. c. Please also consider the inclusion of: Pompili M et al. *World J Gastroenterol*. 2013 Nov 21;19(43):7515-30

8. Minor issues a. the word prevalence (INTRODUCTION paragraph) could be changed in incidence. b. The English style of the paper would benefit from a revision (native English speaker).