

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7712

Title: The Utility of Endoscopic Ultrasound in Patients with Portal Hypertension

Reviewer code: 00013649

Science editor: Su-Xin Gou

Date sent for review: 2013-11-29 23:26

Date reviewed: 2014-02-07 23:45

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 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 checked="" type="checkbox"/> Rejection
<input checked="" 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

The review is a discussion about the studies published until now on the use of endoscopic ultrasound examination (EUex) in portal hypertension. The reading is very fair,. But some observations, following detailed, do not allow me to give the review a high score. MAJOR POINTS: 1- In my opinion the level of evidence achieved about the real impact of such a sensitive methodology in clinical practice is low also by considering that the studies designed to test early prevention of variceal bleeding have demonstrated very little positive results (e.g. Groszmann R, NEJM 2005). In summary, the studies published until now have only demonstrated a higher sensitivity of EUex than conventional endoscopy (CE) but the cost-efficacy of such a sensitive methodology could be questioned. 2- Authors state that EUex aids "in the early detection of varices and may potentially reduce the need for liver biopsy". The presence of collaterals means portal hypertension, not necessary due to liver cirrhosis. This aspect should be outlined. 3-HVPG is not exactly the indirect measurement of "portal pressure", but it is an indirect measurement of the "portal pressure gradient" (the difference between portal pressure and inferior cava vein pressure), the wedged hepatic vein pressure has a perfect agreement with portal pressure in intrasinusoidal portal hypertension (e.g. HCV and/or HBV). 4-GAVE is not specific of portal hypertension (Ripoll C, Dig Liver Dis 2011). Indeed TIPS collocation, that dramatically reduces portal pressure, does not resolve the problem of bleeding by GAVE. MINOR POINTS: 1-It would be better reducing the word count of the paragraphs dedicated to the anatomical descriptions. 2-Some claims are quite questionable and the relative reference should be quoted: "EUS has revolutionized the complex vascular changes associated with portal hypertension"; "EUS-guided portal vein catheterization is a novel approach for portal



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angiography and portal vein pressure measurement".

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Title: The Utility of Endoscopic Ultrasound in Patients with Portal Hypertension

Reviewer code: 00002243

Science editor: Su-Xin Gou

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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
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<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 authors have covered most aspects of the role of EUS in patients with portal hypertension. The potential areas for future review is the role of rectal EUS in such patients.