

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 3951

**Title:** The Successful Treatment of Gastric Variceal Bleeding with Partial Splenic Embolization in a Patient with Portal Vein Thrombosis and a Myeloproliferative Disorder

**Reviewer code:** 00000246

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-04 15:40

**Date reviewed:** 2013-06-16 03:25

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

In the present paper, Gianotti et al. reported the usefulness of the treatment of gastric variceal bleeding with partial splenic embolization in a patient with portal vein thrombosis and a myeloproliferative disorder. The cases report showed some interesting aspects. Some questions: -Anticoagulation in these patients is controversial, specially the length of the treatment. The patient was treated with warfarin for less than one year (months?) and she had a myeloproliferative disorder with V617F in the JAK2 gene. Was she treated again after discontinuation? -Simultaneous combined BRTO and PSE have been found successful for portosystemic shunts, as allow a reduction in the volume of hazardous sclerosing agent used. Although in this patient it was not possible to carry out, what is the clinical practice about BRTO and PSE in clinical practice? - Some studies indicate that has better long-term outcome and is associated with lower complication rates and a shorter hospital stay than PSE. This consideration should be discussed. -Was splenic artery coil embolization considered in this case?

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 3951

**Title:** The Successful Treatment of Gastric Variceal Bleeding with Partial Splenic Embolization in a Patient with Portal Vein Thrombosis and a Myeloproliferative Disorder

**Reviewer code:** 02441729

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-04 15:40

**Date reviewed:** 2013-06-16 18:57

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 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

Partial splenic embolization (PSE) is used as an adjunctive therapy for portal hypertension in patients who does not respond to betablocking agents and/or variceal band ligation. There are lots of studies in the literature that include cirrhotic patients and give the long term results of bleeding esophageal varices. The outcome of bleeding gastric varices was also given in lesser studies that include the therapy of PSE coupled with balloon occluded retrograde transvenous obliteration (BRTO). This case is unique in that it gives the long term results of a bleeding gastric varice patient who has abundant thrombosis due to myelofibrosis in whom BRTO could not be done and only PSE was performed for therapy. The discussion section is too long for a case report, I think that the first paragraph is unnecessary.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 3951

**Title:** The Successful Treatment of Gastric Variceal Bleeding with Partial Splenic Embolization in a Patient with Portal Vein Thrombosis and a Myeloproliferative Disorder

**Reviewer code:** 00038981

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-04 15:40

**Date reviewed:** 2013-06-25 16:48

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

## COMMENTS TO AUTHORS

In this case report the authors describe a case of a young woman featuring gastric variceal bleeding secondary to extensive splanchnic venous thrombosis due to a JAK2 mutation associated myeloproliferative disorder that was managed with elective partial splenic embolization (PSE). PSE was complicated by post-embolization syndrome, but eventually allowed preventing rebleeding from gastric varices. The case is well illustrated, but some flaws should be addressed. In general, it should be further emphasised (in the title also) that even if PSE was effective in preventing new episodes of rebleeding, it was followed by a severe complication. Major points: - Page 2: since the patient already had portal vein thrombosis and portal hypertension in 2008, did she receive primary prophylaxis with beta-blockers between 2008 and 2010? - Page 3: further details on the secondary prophylaxis with nadolol should be added, since this treatment failed: dose and degree of beta-blockade in terms of arterial pressure and heart rate should be given. - Page 3: cyanoacrylate glue injection is considered an effective treatment for bleeding gastric varices (McAvoy NC, Hayes PC. Nat Rev Gastroenterol Hepatol. 2010), and is briefly commented in the discussion. However, the case report should better elucidate why this option was not considered: was it available in the hospital where the patient was treated? - Page 3: elective PSE of 30-40% of the splenic parenchyma was planned and performed, but resulted in a much larger spleen infarction. More details regarding how the spleen volume to be embolized was calculated and how embolization was performed should be added. How long the hospitalization due to the complication of PSE lasted? This should be taken into account when evaluating an elective treatment (cost/effectiveness analysis). - Page 5: it is stated in the discussion states that evident MPD was not present before PSE. This is not true, since in a



## Baishideng Publishing Group Co., Limited

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

---

patient with JAK2 mutation, complete thrombosis of the portal venous system and a spleen size of 18 cm, white blood cell count of  $8.2 \times 10^9/L$ , and platelet count of  $398 \times 10^9/L$  are clearly much higher than expected and compatible with evident MPD. In this setting, an acute increase in WBC and platelets after PSE should be foreseen and treatment with hydroxyurea should be initiated before PSE. Warning regarding this aspect, and description of other possible complications of PSE should be better underlined in the discussion.