

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6952

Title: Cirrhotic Cardiomyopathy: A Cardiologist's Perspective

Reviewer code: 01954061

Science editor: Huan-Huan Zhai

Date sent for review: 2013-11-01 10:22

Date reviewed: 2014-01-03 00:13

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)		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

This an important topic to consider. The overall presentation is good. On page 3, where sentence starts "Electrocardiographic changes..." I would like to see references cited that confirm this. It is possible the references are there in the reference list, but in the text the connection is not noted. The same may be stated in the introduction on page 3 to "Pathogenesis." The same may be stated on page 7, clinical features, first paragraph. I think the report would be enhanced by an illustrative case report with associated image of cardiomegaly, etc, and associated echocardiographic dynamics.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6952

Title: Cirrhotic Cardiomyopathy: A Cardiologist's Perspective

Reviewer code: 00872348

Science editor: Huan-Huan Zhai

Date sent for review: 2013-11-01 10:22

Date reviewed: 2014-01-03 12:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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 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"/> 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

Dear Dr. Gassanov, This is a very nice review of a timely topic that needs more exposure in the Hepatology community. The authors provide an adequate amount of pathophysiology to lay the foundation for the topic. Overall the paper is very well written with only occasional grammatical errors. I have a few comments/questions that need further explanation for the target audience. 1. Please expound further on the last sentence, 1st paragraph on page 8. How much does ventricular filling improve after paracentesis and by what mechanism? How is ventricular filling aggravated by portosystemic shunt? At least acutely, one would think that it would be improved by the increase in preload so please explain for the non-cardiology audience. 2. How quickly after liver transplant (LT) does systolic and diastolic function recover? In our experience, immediately after LT, CCM can become unmasked as SVR increases and recovery of cardiac function seems to lag, however symptoms are often easily managed. 3. Do all of the cardiac abnormalities associated with cirrhosis normalize after transplant? What factors determine reversibility?