

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

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Title: Covert Hepatic Encephalopathy: Agreement and Predictive Validity of Different Indices

Reviewer code: 02861251

Science editor: Su-Xin Gou

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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 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

I have read the original paper entitled “Covert Hepatic Encephalopathy: Agreement and Predictive Validity of Different Indices” and also reviewed the existing literature.

In this article, Montagnese et al analyse the agreement between clinical assessment, psychometric (PHES), neuropsychological (EEG) and psychophysical test (original and modified critical flicker frequency) in cirrhotic patients with covert hepatic encephalopathy (minimal and grade I overt hepatic encephalopathy). To perform this study, the authors evaluate cirrhotic outpatients, excluding those with grade II or more hepatic encephalopathy. Of the 132 patients included, 47 (36%) had grade I hepatic encephalopathy, 56 (42%) had abnormal EEG, 44 (33%) abnormal PHES and 41/28 (31/21%) abnormal original and modified critical flicker frequency. Despite the significant association observed between the different methods, agreement was poor (Cohen κ < 0.4). The authors conclude that covert hepatic encephalopathy is a heterogeneous entity, which should probably be evaluated by a combination of clinical,

neurophysiological and neuropsychological tests. The study also evaluates the prognostic capacity of these tools, finding that the presence of grade I hepatic encephalopathy, abnormal EEG or abnormal PHES predict the development of a new episode of hepatic encephalopathy.

In my opinion, this is an interesting article and I recommend accepting it with minor changes:

- The abstract directly starts with the sentence: Aim "To investigate their agreement and their prognostic value". It seems that the background is absent. At least the authors should specify that they are going to investigate the agreement and the prognostic value of different indices in HE.
- In material and methods, the authors explain that 132 outpatients with cirrhosis were included. They could specify the inclusion period and if the patients were selected according to some criteria (e.g. consecutive cirrhotic outpatients in a specific period).
- In Material and Methods (page 7, second line), authors explain that "Information were obtained on previous episodes of overt HE (clinical records plus patients' /relatives' in 76/132 patients...)". According to the Results (page 9, the second paragraph), I understand that they were able to obtain the HE history of 120 patients (and that 76 had a positive history). They should clarify on page 7 (it seems that only 76 medical histories were reviewed).