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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2528

Title: Procalcitonin, and Cytokines Document a Dynamic Inflammatory State in Non-infected Cirrhotic Patients with Ascites

Reviewer code: 02458824

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-02-27 10:18

Date reviewed: 2013-03-06 19:57

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 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 checked="" 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

CONFIDENTIAL COMMENTS TO EDITOR:

See attached word file.

COMMENTS TO AUTHORS:

See attached word file.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2528

Title: Procalcitonin, and Cytokines Document a Dynamic Inflammatory State in Non-infected Cirrhotic Patients with Ascites

Reviewer code: 02496986

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-02-27 10:18

Date reviewed: 2013-03-09 18:19

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

CONFIDENTIAL COMMENTS TO EDITOR:

Dear Editor, thank you for asking me to review of the manuscript NO: 2528 - Title: Procalcitonin, and Cytokines Document a Dynamic Inflammatory State in Non-infected Cirrhotic Patients with Ascites. I think this is an article of importance in its field, an innovated research with pretty good presentation and readability of the manuscript. The manuscript needs some revisions and could be accepted in my opinion for publication. Best regards, Ilias Porfyridis MD, PhD Respiratory Physician Pumonary Department Nicosia General Hospital, Cyprus

COMMENTS TO AUTHORS:

Review of the manuscript NO: 2528 - Title: Procalcitonin, and Cytokines Document a Dynamic Inflammatory State in Non-infected Cirrhotic Patients with Ascites

GENERAL COMMENTS An article of importance in its field, an innovated research with pretty good presentation and readability of the manuscript. The study was approved by the Institutional Review Board of the Cook County Health and Hospital system, Chicago, Illinois.

SPECIFIC COMMENTS The title reflects the contents of the study Abstract - In the results section there is important data missing. The authors should present the values of PCT and other cytokines and their significant difference between the two groups (p value). Introduction - In the paragraph ' Even in the absence...' the authors state that ' Its significance in measuring ascitic fluid inflammation and/or infection, e.g. SBP, is less well characterized' . Please provide reference. Methods- The authors should state clear the inclusion and exclusion criteria of their study and also that written informed consent was obtained from all patients participated in the study. Did any patients receive antibiotics before presentation? Group 2 consisted of 47 cirrhotic patients without any clinically documented ascites. Did the authors perform other tests, like U/S or CT

to exclude the presence of ascites? The research is a multi-center study with a large sample size, from serum and ascetic fluid from patients with cirrhosis. A detailed description of the methods used to calculate PCT and other inflammatory cytokines is provided. The statistical analysis seems appropriate, but I do not feel adequately qualified to assess the statistics. Results – There is discrepancy in the results. In paragraph ' ' Tables 4a and 4b reports... ' ' the authors state that ' ' There were significantly greater levels of IL-2, IL-4, IL-6, IL-8, IL-10, MCP-1, TNF α , VEGF and EGF in the serum compared to ascetic fluid of group 1 ' ' , however the data provided in table 4a,b and 6 show that many of the parameters are greater in ascetic fluid than in serum. What was the prognosis of the patients? Could PCT or other inflammatory cytokines perform as prognostic factors in patients with cirrhosis? Is there a correlation between levels of PCT and the others inflammatory cytokines? Patients with cirrhosis often develop hepatorenal syndrome. Was there any difference in PCT between patients with and without HRS? Discussion – The discussion is well organised, but there are some issues not sufficiently explained. The authors state that there was a significant difference in ascetic fluid, but not serum, PCT levels when comparing the cardiac cirrhosis/miscellaneous subgroup to other subgroups. Can you explain why? Moreover the authors state that the role of PCT as a diagnostic marker of the severity of SBP has received little investigation. Former studies [1. Elefsiniotis IS, Skounakis M et al. Clinical significance of serum procalcitonin levels in patients with acute or chronic liver disease. Eur J Gastroenterol Hepatol. 2006 May;18(5):525-30, 2. Connert S et al. Procalcitonin is a valid marker of infection in decompensated cirrhosis. Z Gastroenterol. 2003 Feb;41(2):165-70 3. Viallon A et al. Serum and ascitic procalcitonin levels in cirrhotic patients with spontaneous bacterial peritonitis: diagnostic value and relationship to pro-inflammatory cytokines. Intensive Care Med. 2000 Aug;26(8):1082-8 and a review 4. Su DH et al. Value of Serum Procalcitonin Levels in Predicting Spontaneous Bacterial Peritonitis. Hepatogastroenterology. 2012 Nov 16;60(124).] evaluated PCT in cirrhotic patients with or without complications, with or without infections. In my opinion the authors should reference these studies and compare in a few words the results from these studies with the current study. References – The references are appropriate and relevant, however additional references could be added, as mentioned above. Tables- The tables reflect th