



## Baishideng Publishing Group Co., Limited

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

### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 5454

**Title:** Peliosis hepatitis mimicking liver tumors complicated with portal hypertension in a patient with end stage renal disease

**Reviewer code:** 00074961

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-09-09 17:41

**Date reviewed:** 2013-09-18 20:51

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"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

Comments to the authors: -You should not write the specific date of the events the patient suffered. Nor the name of the Hospital where he was sent. -Vital signs and physical examination should be placed before laboratory data. -The image findings should be placed before the histologic description. -It would be interesting to know if necropsy was possible.



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

**ESPS Manuscript NO:** 5454

**Title:** Peliosis hepatitis mimicking liver tumors complicated with portal hypertension in a patient with end stage renal disease

**Reviewer code:** 00225277

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-09-09 17:41

**Date reviewed:** 2013-09-30 05:22

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 checked="" 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 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

Hepatic peliosis is a rare condition mimicking hepatic tumors. The natural history of this disease is variable with little knowledge in the literature. It is commonly described as a proliferation of endothelial cells with presinusoidal portal hypertension leading to sinusoid dilation and hepatic rupture and variceal hemorrhage. The etiology has been associated with chronic infections, anabolic steroids, anticonceptives, antineoplastics and antiretrovirals. Diagnosis is suspected with imaging techniques and assessed by transjugular liver biopsy, with no established treatment. Withdrawal drugs, hepatectomy when lesions are localized or liver transplantation are considered as treatment. In the present paper, chronic infections and antineoplastic drugs as etiologic factors should be included in the Background section. In pathogenesis the authors say that sinusoidal cell damage induces lesions but it would be convenient to also include sinusoidal cell proliferation inducing blood flow obstruction and portal hypertension because this change is important to explain presinusoidal portal hypertension and the characteristic pathologic features. The Case report is interesting and the references updated and it should be admitted for publication with little changes. Some improvement in English syntax would be welcome.