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## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13032

**Title:** Successful management of ruptured umbilical hernias in cirrhotic patients with refractory ascites without use of TIPS

**Reviewer code:** 00071652

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-02 13:45

**Date reviewed:** 2014-08-04 18:14

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Dear Author You presented case serious about the complication of cirrhotic patients. First of all TIPS is not suitable for child B and C patients. Therefore they have to treat these patients albumin and therapeutic paracentesis and surgery. Besides all of these they can change the title and manuscript as a letter format with the revision of discussion and introduction.



**ESPS PEER REVIEW REPORT**

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

**ESPS manuscript NO:** 13032

**Title:** Successful management of ruptured umbilical hernias in cirrhotic patients with refractory ascites without use of TIPS

**Reviewer code:** 00035193

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-02 13:45

**Date reviewed:** 2014-08-11 13:21

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> [ Y] 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	BPG Search:	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The authors have raised a very important yet controversial issue in the management of ruptured umbilical hernia. Currently there is no guidelines with regards to primary elective repair versus urgent surgical repair up ruptured a umbilical hernia. Current study primarily focus in the managment of ruptured umbilical hernia. The present study gives important insight with regards to management of ruptured unmbilcal herrnia without the need for a peri-opertive TIPS procedure. However this current case series of 11 cases is too small to address this very important issue. The authors claim this is the largest case series. A recent case series reports 22 cases of complicated umbilical hernia has been reported[ Banu P et al. J Med Life. 2013 Sep 15;6(3):278-82.]. This study should be cited. TIPS prior to surgery is a good idea, however, in subjects with high MELD ( > 15), and child's B and C, an increased risk of complication is expected. As such these case series at least give preliminary evidence for a role of conservative management without TIPS. The titles should be " Successful surgical management of ruptured umbilical hernias in cirrhotic patients with refractory ascites without the use of TIPS."

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13032

**Title:** Successful management of ruptured umbilical hernias in cirrhotic patients with refractory ascites without use of TIPS

**Reviewer code:** 00009937

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-08-02 13:45

**Date reviewed:** 2014-08-10 22:31

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"/> Existing	<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	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

I think it is an interesting paper and should be accepted for publication with some considerations. It is not clear in the description of clinical cases that all patients have refractory ascites. There is one patient presented to belong to the subgroup of recurrent ascites, a subgroup with a very heterogeneous composition, since it includes patients in different physiological conditions, so that its characterization as a group would not be useful either from the point of view pathophysiological and therapeutic, but should not be considered refractory ascites. I also think that it should be clarified in the manuscript which patients are considered to have refractory ascites. I think the authors should clarify that point or otherwise modify the title. Today, paracentesis associated with intravenous albumin infusion is the treatment most often used in patients with tense ascites. However, because the paracentesis has no effect on the pathogenic mechanisms that induce the formation of ascites, relapsing is usual within days or weeks. TIPS, is the most relevant of the therapeutic arsenal of portal hypertension and before or after surgery of umbilical hernias has to be performed as a therapeutic tool or as a bridge of liver transplant. This has to be mentioned with emphasis in the paper.