

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15461

Title: Predictive roles of intraoperative blood glucose for post-transplant outcomes in liver transplantation

Reviewer's code: 00504802

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Science editor: Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> [] The same title	<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"/> [] Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> [] Grade D: Fair	<input type="checkbox"/> [] Grade D: Rejected	<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] The same title	
		<input type="checkbox"/> [] Duplicate publication	
		<input type="checkbox"/> [] Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

The paper generally describes the expected time-dynamic on hyperglycemia with evident risk and predisposing factors after liver transplantation. Literature on the subject is relatively limited, partly as OLT still a relatively rare surgery performed, compared with more common procedures. Nonetheless, liver transplant represent a tremendous investment of resources, and seemingly minor risk of post-operative infection or wound healing would have large cost-repercussion consequences on the performing medical center. To state it differently, while the hyperglycemia is of relatively short duration, but coincides with the period of greatest vulnerability in the ICU. An additional, and perhaps under-investigated association may be that overcorrection of pre-operative hyponatremia would be masked (by hyperglycemia) and thus, placing these subject at an additional risk for Osmotic Demyelination Syndrome. A good description for these phenomenon is found with Gharaibeh et al. imiting Urine Output during Hyponatremia Correction: the Role of Desmopressin to Simplify Management. Am J Med Sci; doi: 10.1097/MAJ.0000000000000324. Other comments: -on page 6: please, clarify – the largest risk for hypoglycemia in advancing renal failure is increased



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insulin efficacy (due to both weight loss and increased half-life of insulin in uremia). Additionally, in stage V CKD/end-stage renal disease patients gluconeogenesis of the kidneys are minimal: the main purpose of renal glucose release is to restore glucose to the systemic circulation, the one re-absorbed from the primary glomerular filtrate. On the bottom of page 6: please explain to the reader: the initial studies showing survival benefits w/ tight sugar control are derived from surgical cohort, who received upfront vigorous TPN post-operatively and, so to speak, had an "induced hyperglycemia" Also - correct NICE-GUGAR to NICE-SUGAR -on page 8: when reporting/quoting risk ratios (from Ref 9, 47) also report to 95% CI -page 9: same comment for the reported RR (1st line of page 9) - needs 95% CI reported -page 9: also please emphasize for Ref 49 - this was an associative study - causation can be ascertained from it (between glucose control and post-op bleeding)