



ESPS PEER-REVIEW REPORT

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ESPS manuscript NO: 16339

Title: Perioperative condition and outcome of pediatric living donor liver transplantation with body weight more or less than 10 Kg

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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"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

1. It would be more informative to the readers if the authors would add etiology (why G1 had more jaundice than G2)/nutrition complications (such as fat soluble vitamin deficiency to cause prolong INR) and indications for OLT. 2. Agreed that organ allocation has nothing to do with PELDS in this setting. Were all patients had PELD scores from calculation? Were any scores modified by exception points from allocation committee? 3. The authors did not mention that patients' characteristics were Specific criteria for intraoperative use of crystalloids, colloids, blood product would strengthen the paper. 4. In result section, "Table 2 shows the characteristics of the patients of GI and GII. The PELD score was significantly higher in GI. The pre-operative Hb, serum albumin level and platelet count are all lower in GI. The coagulation test including APTT and INR were both significantly prolonged in GI and GI had higher total bilirubin level before the operation." Is this a typo in the text or wrong number of platelet count in G1 in table 2? 5. The authors could briefly discuss evaluation of donor using volumetric CT/MRI (?detected any vascular anomalies), donor relationship to recipients, this information may explain certain postop vascular and biliary



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complications.