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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10520

Title: Should temporary extracorporeal continuous portal diversion replace meso/porta-caval shunts in "small-for-size" syndrome?

Reviewer code: 00227403

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-06 18:58

Date reviewed: 2014-04-15 23:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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 should add in the title that the work has been performed on animal model. In the section "Surgical technique" there is a part written in red. Are there particular reasons?



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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10520

Title: Should temporary extracorporeal continuous portal diversion replace meso/porta-caval shunts in "small-for-size" syndrome?

Reviewer code: 00187936

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-06 18:58

Date reviewed: 2014-04-17 21:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10520

Title: Should temporary extracorporeal continuous portal diversion replace meso/porta-caval shunts in “small-for-size” syndrome?

Reviewer code: 00182548

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-06 18:58

Date reviewed: 2014-06-09 02:33

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 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 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

This article is very interesting and useful. The methodology is explained clearly and the techniques used for recording and measuring the results are right. Temporary extracorporeal continuous portal diversion is a real solution for “small-for-size” syndrome in this experimental model. I suggest that authors should specify how they intend to improve the experimental model in the future, so that it could be personalized and extracorporeal blood flow can be changed depending on the parameters measured in vivo in each animal. In addition, they must specify which would be the prospects of applying such an approach in human clinical. What risks, features and benefits may it have? There are few grammatical errors that should be corrected. After the proposed additions, in my opinion, the article can be published.