

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17999

Title: Platelet count with magnetic resonance imaging-liver and spleen volume identifying cirrhosis and esophageal varices

Reviewer's code: 00159749

Reviewer's country: India

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-02 21:21

Date reviewed: 2015-05-14 01:20

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

COMMENTS TO AUTHORS

overall good study but grammatical errors in discussion need to be corrected

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17999

Title: Platelet count with magnetic resonance imaging-liver and spleen volume identifying cirrhosis and esophageal varices

Reviewer's code: 00013649

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-02 21:21

Date reviewed: 2015-04-19 00:01

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 checked="" 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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript is a retrospective study describing the ability of the combination of platelet count with spleen volume and right liver volume at magnetic resonance to diagnose clinical and/or biopsy proven cirrhosis and esophageal varices in 205 HBV-positive patients. Several major drawbacks in the design of the study can be detected as detailed in the following list: MAJOR POINTS: 1-The table on the characteristic of patients should include more variables such as the percentage of patients with additional etiologies for chronic liver disease (alcohol, HDV infection, obesity/metabolic syndrome) and the endoscopic signs of portal hypertensions including the diameter of varices, the presence or not of red color signs at endoscopy, the presence of portal hypertensive gastropathy and gastro-esophageal varices according to Sarin's classification. Varices should also be classified as varices at risk of bleeding/rebleeding or not. 2-Authors state that the combination of parameters explored in this study are able to discriminate the presence of cirrhosis. The design of the study does not allow to pursue this aim since, as authors state in the discussion, they did not include patients with non cirrhotic chronic hepatitis. 3-The aim of hepatologists is not only detecting the presence of

vaices but also understanding the risk of bleeding/rebleeding in patients with varices in order to decide the best prophylactic treatment for bleeding/rebleeding. Therefore, in accordance with the aim of the study, a sub-analysis should be done to test the applicability of the combined parameters explored in this study to detect varices at risk, in other words, varices that require a prophylactic treatment for bleeding/rebleeding. This should be done in each Child-Pugh class in order to remark the real number of number of endoscopies that could be potentially avoided in each Child-Pugh class. 4-Some concerns could be raised in terms of costs. The avoidance of upper gastro intestinal endoscopies has to be challenged with the costs related with a routinely use of magnetic resonance in all patients with cirrhosis. This is an important aspect that could be discussed. MINOR POINTS I suggest to revise with a mother tongue the English of the manuscript. Some words are not used appropriately in the main text.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17999

Title: Platelet count with magnetic resonance imaging-liver and spleen volume identifying cirrhosis and esophageal varices

Reviewer's code: 00032933

Reviewer's country: Taiwan

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-02 21:21

Date reviewed: 2015-04-05 14:23

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This series retrospectively collected 40 normal controls and 205 patients with liver cirrhosis. They correlated functional liver cirrhosis classification and esophageal varices with R hepatic lobe volume, spleen volume, spleen index and platelet. They found that the combination of PLT with SV and RV were associated with Child-Pugh class of liver cirrhosis and esophageal varices. comments: 1. The diagnosis of liver cirrhosis was made according to AASLD guidelines. By this diagnosis criteria, the prevalence of varices was quite low, only 45% or 59% in child B or C respectively. According to the literature, the prevalence should be around 80% in Child B or C. Some of the cases could be over diagnosis because of recent acute exacerbation. Please add data of albumin, AST, ALT, PT INR, total bilirubin, alfa-fetoprotein and ascites into table 1. Body weight and BMI may be removed. 2. There is no doubt that combination of RV, SV and PLT will improved the diagnosis of liver cirrhosis by MRI. The diagnosis for advance liver cirrhosis is actually easy. We may use AASLD guidelines to diagnose liver cirrhosis. The main problem is how to make diagnosis between chronic hepatitis B and liver cirrhosis. In this series, the different between Child A liver cirrhosis and normal liver was quite



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small. This finding decrease the significant of this manuscript.