

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11940

**Title:** Partial embolization of compensatory arteries for the treatment of hypersplenism after unsuccessful splenic artery ligation: A case report

**Reviewer code:** 02549473

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-06-13 13:11

**Date reviewed:** 2014-06-27 07:35

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

### COMMENTS TO AUTHORS

To enhance the quality of the paper, I would just suggest adding a table that summarizes the other similar reports. English translation is quite good, with few syntax issues barely noticeable (i.e. "...allows retention" should be written as "allows for retention..."). Also, standardize the terms used throughout the manuscript, i.e. sometimes authors use leukocytopenia and then leukopenia. Other than that, the manuscript is well organized and suitable for publication in WJG.

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

**ESPS manuscript NO:** 11940

**Title:** Partial embolization of compensatory arteries for the treatment of hypersplenism after unsuccessful splenic artery ligation: A case report

**Reviewer code:** 02744038

**Science editor:** Su-Xin Gou

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

## COMMENTS TO AUTHORS

It's a well written and a good case report. But in my opinion it would be better to mention little bit more about the complications of splenectomy because despite of all technological advances, splenectomy is still most commonly used treatment modality for similar cases and also for this case splenectomy might be an alternative treatment modality as far as LSA was failed.

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

**ESPS manuscript NO:** 11940

**Title:** Partial embolization of compensatory arteries for the treatment of hypersplenism after unsuccessful splenic artery ligation: A case report

**Reviewer code:** 02540153

**Science editor:** Su-Xin Gou

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

## COMMENTS TO AUTHORS

For patients with cirrhosis, bleeding portal hypertension and secondary hypersplenism, generally splenectomy and devascularization or shunt procedure were indicated expect having contraindications of surgery. Partial splenic embolization (PSE) has an advantage that it is a nonoperative intervention and leaves some functional splenic tissue. Several investigators have showed that PSE is a safe and effective treatment for hypersplenism in patients with cirrhosis. However, in PSE, the splenic infarction rate is a critical factor for the improvement of thrombocytopenia. Although the improvement is greater in patients with more than 70% splenic infarction, severe postoperative complications occurred more frequently in these patients and in patients in Child-Pugh class C. Finally, quantitative control of the splenic infarction is difficult in this procedure and is dependant on the experience of the operators. It's only a case report with a short follow-up period, hope the author can increase some cases with longer follow-up period.