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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 19777
Title: Modified management strategy for early hepatic artery occlusion after liver transplantation with failed intervention of revascularization: collective evidence from survivor
Reviewer's code: 00182114
Reviewer's country: Japan
Science editor: Ya-Juan Ma
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear author Hepatic artery thrombosis (HAT),serious complication after liver transplantation, can lead to patient death in the absence of revascularization or retransplantation. Herein, author presented clinical characteristics, imaging findings, and long-term outcomes of 3 LT patients with HAT who were treated conservatively and developed hepatic arterial collateral via inferior phrenic artery. I believe that there are a number of patients who experience long-term survival after diagnosis of irreversible HAT and the development of collaterals. Although this group is at high risk for sepsis and biliary complication, there are usually self-limiting complication due to improved treatment regimens. I ask some question. 1.Please tell me the detail mechanism of hepatic arterial collaterals via inferior phrenic artery. 2.When HAT occurs after LT, we should perform revascularization to salvage the graft. However, the success rate of revascularization is not acceptable. I think mesenteric arteriovenous shunt (Partial Portal Arterialization) (PPA) was effective in preventing hepatic function. How about PPA (mesenteric arteriovenous shunt) for HAT ?