

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21420

Title: Auxiliary partial living donor liver transplantation for acute liver failure patient with high MELD score using "high risk" graft: a case report and literature review

Reviewer's code: 03011567

Reviewer's country: United Kingdom

Science editor: Jing Yu

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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 checked="" 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 type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

Comments to the authors This is a very interesting case report of emergency auxiliary living donor liver transplantation in a patient with ALF. A significant number of grammar and language errors need addressing some of which I've already changed as comments edited in the manuscript. The authors should not only give the MELD score but also state that the patient fulfilled poor prognostic criteria as per Kings' College Hospital ALF classifications. This could be displayed in an appropriate graph showing the criteria for non acetaminophen induced ALF and the patient's parameters next to it. The patient was transplanted very rapidly following transfer I am amazed that all relevant investigations for the potential donor were performed within such a short period of time? Can the authors provide some information as to what additional diagnostic tests were performed apart from the usual hepatitis serology - HSV, EBV, CMV? Was there any imaging, copper studies etc? The authors should explain more in detail as to why they thought there was a small risk of donor liver hyperperfusion "functional small for size syndrome" and decided not to perform portal flow alterations or splenic artery manipulation. Did they think the native liver was indeed not too badly



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injured? Was the assumption that the native liver would receive and buffer some of that increase in portal flow versus risk of portal flow diversion into the small left lobe with subsequent non function.