



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30775

**Title:** Sinusoid Endotheliitis as a Histological Parameter for Diagnosing Acute Liver Allograft Rejection.

**Reviewer's code:** 01439175

**Reviewer's country:** Germany

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-18 20:57

**Date reviewed:** 2016-10-24 01:08

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 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"/> 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

The work of Shi and co-workers investigates the impact of sinusoidal endotheliitis for qualification of liver graft rejection. This parameter is an additional parameter to the qualification categories of the RAI Score currently used in clinical routine to express the degree of rejection activity after liver transplantation. Since quantification of sinusoidal endotheliitis reached a sensitivity of 81% and a specificity of 85% it may reflect a more sensitive parameter than the currently used categories (lymphocyte infiltration around portal veins, centrilobular veins and bile ducts). Alternatively, this new category might reflect an additional parameter, which would improve the accurateness of the RAI score. The manuscript is well written and would be of great value for the readers, when published in the WJG. I would therefore recommend the acceptance of the manuscript as submitted.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30775

**Title:** Sinusoid Endotheliitis as a Histological Parameter for Diagnosing Acute Liver Allograft Rejection.

**Reviewer's code:** 00503243

**Reviewer's country:** Italy

**Science editor:** Yuan Qi

**Date sent for review:** 2016-10-18 20:57

**Date reviewed:** 2016-11-02 01:20

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input 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"/> 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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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 authors clearly document that sinusoidal endotheliitis is a good marker of acute cellular rejection after liver transplantation with high sensitivity and specificity. In the study group there are a very high number of patients with cirrhosis due to hepatitis C. My two questions are: a) Why in the ACR group the number of hepatitis C patients is higher with respect to ACR negative group? b) Why in the ACR positive group, patients with recurrent hepatitis C are excluded, while they are not excluded in the ACR negative group?