

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 89583

Title: Hepatocardiorenal syndrome in liver cirrhosis: Recognition of a new entity?

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02458064

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Australia

Manuscript submission date: 2023-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-06 13:04

Reviewer performed review: 2023-11-14 12:01

Review time: 7 Days and 22 Hours

	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The review summarized the current progress of hepatocardiorenal syndrome. I recommend that it can be accepted for publication.



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Manuscript NO: 89583

Title: Hepatocardiorenal syndrome in liver cirrhosis: Recognition of a new entity?

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05230210

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Australia

Manuscript submission date: 2023-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-15 07:38

Reviewer performed review: 2023-11-26 11:07

Review time: 11 Days and 3 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation



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SPECIFIC COMMENTS TO AUTHORS

Notes on the manuscript: 1- Title: the authors tries to present the new term in the title but as they described in the abstract it is mainly caused by liver cirrhosis, this should be stated by the title. 2- In the abstract and the main text the word "temporality "is repeated many times although it is vague in meaning, because it is a noun, if the authors mean a short or temporal state of the disease it should be clarified. 3- In the keywords the authors wrote the new term "Hepatocardiorenal syndrome" this should not be in the keywords as it is not presented previously in the literature. Kindly omit. 4- The figure contains a lot of writing like a text of the manuscript, please use abbreviations and small words illustrations. 5- the table contains simple information that could be presented on the text, I suggest modification with adding the referenced studies on the topic and the exact pathophysiological mechanism examined. 5- the authors mention "These observations highlighted a temporal pattern of cardiac and kidney dysfunction in HRS, suggesting perhaps there is pathophysiological involvement of the heart in the manifestation of HRS and cardiac dysfunction is not simply just the consequence of a HRS-associated complication" >> you could reference the studies where liver



transplantation reversed the cardiac condition and the residual cardiac function after and before the operation. 6- the authors state that "they demonstrated lower renal artery flow compared to non-HRS groups.[9] These findings indicate that even with a hyperdynamic resting cardiac output there was inadequate kidney perfusion in early stages of HRS" >> this is explained by the rise in the RAAS system, please add to this paragraph. 7- this review lacks the data from transplanted patients, and the relation to the child Pugh or MELD clinical staging, which makes the term lacking important factors, please add with referencing the studies.