

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 24547

**Title:** Umbilical hernia in patients with liver cirrhosis: A surgical challenge

**Reviewer's code:** 03031086

**Reviewer's country:** Spain

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-01-27 15:49

**Date reviewed:** 2016-02-11 16:41

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" 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 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

The manuscript presented reflects a review up to date on an interesting subject as is the surgical treatment of umbilical hernia in cirrhotic patients. The work is well structured and includes more recent studies on this subject and in this sense as review work is valid. Another different aspect is that as a reader I would have liked a manuscript with personal experience.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 24547

**Title:** Umbilical hernia in patients with liver cirrhosis: A surgical challenge

**Reviewer's code:** 03538934

**Reviewer's country:** Brazil

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-01-27 15:49

**Date reviewed:** 2016-02-17 07:16

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Dear authors, First of all, I would like to congratulate you for the interesting and relevant manuscript. These are my commentaries and suggestions in order to improve your study. 1) Key scientific and technological issues in the field reviewed are adequately proposed and adequate analysis and comprehensive discussion on the basis of current literature are provided in the manuscript. However, I would recommend you to review some information presented in the manuscript. First of all, in the Abstract section, authors say that "With improvement in the care of cirrhotic patients in the last decades, surgical treatment became superior to conservative management of umbilical hernia in these patients". I think this affirmation is not completely correct and should be excluded or modified, as in some cases (uncontrolled ascites and patients who are expected to undergo liver transplantation soon) an initial conservative management may be a better option. 2) In the 9th paragraph of "Indications and Timing of Hernia Repair" section, authors say that "Medical treatment of ascites with sodium restriction, diuretics, albumin infusion, and paracentesis should be the first step in the management". However, the role of albumin infusion in ascites treatment is not adequately established (except after large volume paracentesis, when it is usually considered). I



## 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](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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would recommend that this information should be excluded. 3) In the 10th and 11th paragraph of the same section, authors put temporary peritoneal dialysis catheter as an option when medical treatment of ascites fails. Peritoneal catheters and drains are associated with a high risk of bacterial infections, which significantly increase mortality and should be discouraged. (Intern Med J. 2015 Oct;45(10):1026-31. doi: 10.1111/imj.12843). In refractory ascites, international guidelines suggests intermittent large volume paracentesis and TIPS as adequate options. 4) The conclusions are clearly presented. However, authors should also provide weakness of the review and future research directions, since data to guide umbilical hernia treatment in cirrhotic patients are almost all derived from observational, retrospective, small and single-centered studies, which are at high risk of bias. 5) The language of the manuscript reaches the standard of publishing. There are only minor errors, as "peroperative" instead of "perioperative".

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 24547

**Title:** Umbilical hernia in patients with liver cirrhosis: A surgical challenge

**Reviewer's code:** 00159278

**Reviewer's country:** Romania

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**Date sent for review:** 2016-01-27 15:49

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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
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<input type="checkbox"/> Grade E: Poor		[ Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y] No	

## COMMENTS TO AUTHORS

I was asked to review the manuscript entitled "Umbilical Hernia in Patients with Liver Cirrhosis: A Surgical Challenge" It is a very interesting paper, usefull for the clinician, easy to read and systematic. I think that a table or a few sentences with recommandations for each clinical situation should be added before the conclusions.