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# PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 70184

Title: Late polymicrobial transjugular intrahepatic portosystemic shunt (TIPS) infection

in a liver transplant patient: case report

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

**Reviewer's code:** 01490498 **Position:** Editorial Board

Academic degree: FRCP, MBChB, MD

**Professional title:** Attending Doctor, Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: United States

Manuscript submission date: 2021-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-04 21:16

Reviewer performed review: 2021-08-08 21:43

**Review time:** 4 Days

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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	[Y] Yes [] No



# Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

This is an interesting and rare case of infection of TIPSS due to multiple organisms in the setting of liver transplanation. I have some minor points: 1. Line 91 - Current UK TIPSS guidance by British Society of Gastroenterology does not recommend routine anitbioitics. Only in complex cases. This should be mentioned and the BSG guidance cited. 2. Lines 12-124 - Was regrafting considered at this time point? Was anticoagulation considered? What type of TIPSS? Covered? How many stents and any overlapping? 3. Lines 149-150 -I think at this time point an echocardiogram should have been done as I believe the authors felt there was a low index of suspicion. I think this is a lessen learnt. The patient had septic emboli and was immunusuppressed. What more reason is need for an echo? 4. Lines 157-158 - Was anticoagulation considered after this TIPSS revision?



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Peer-review model: Single blind

Reviewer's code: 03765203 Position: Peer Reviewer Academic degree: PhD

Professional title: Doctor, Postdoc, Senior Researcher

Reviewer's Country/Territory: Brazil

**Author's Country/Territory:** United States

Manuscript submission date: 2021-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-05 01:10

Reviewer performed review: 2021-08-15 20:49

**Review time:** 10 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No



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Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

I congratulate the authors for their very important case report. Even though it is not a frequent clinical condition, it will serve to guide a corrective therapeutic approach or close to it. I just missed some information, they are: 1. What is the etiology of colitis? 2. Was type II diabetes compensating? 3. When the patient had a hemoglobin of 8.6g/dL, was gastric bleeding diagnosed? 4. Was a laboratory test performed for bilirubia and alkaline phosphatase? 5. How was the renal function of the patient before orthotopic liver transplantation?