



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 75491

**Title:** Intensive Care Unit Readmission in Adult Egyptian Patients Undergoing Living Donor Liver Transplant:A Single-Centre Retrospective Cohort Study

**Provenance and peer review:** Invited manuscript; externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02539765

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2022-01-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-01-31 15:25

**Reviewer performed review:** 2022-02-06 17:18

**Review time:** 6 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

In this study, authors have retrospectively studied 299 post-LDLT patients to identify the incidence, causes, and outcomes of ICU readmission. Authors' identified older recipient's age and longer length of initial hospital stay to be significant independent risk factors for ICU readmission. Overall, it is a well written article. I have only few comments to make. -In the ICU-readmission group, the initial length of stay was just 3 days, compared to 22 days in the non-ICU readmission group (table 4). This big disparity appears to me to be a little off-putting. Because hospital discharge is normally based on a set of characteristics, the authors should explain why the discrepancy was so large. -Over a ten-year period, the study was extended. There must have been some refinement in surgical technique, post-operative care, and immune suppression which may have impacted the re-admission rates. -Was there any difference in the pre-operative conditions of the patients, such as liver failure, sepsis, AKI, advanced encephalopathy, and so on? How many patients in the transplanted groups had acute or acute-on-chronic liver failure.



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**Reviewer's code:** 05117991

**Position:** Associate Editor

**Academic degree:** MD, MSc

**Professional title:** Associate Professor, Director, Surgeon

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** Egypt

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<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective clinical study on the living donor liver transplant recipients. The study aims to find out the rate and main reasons for ICU readmission in this group. Despite it being a single center analysis the manuscript has some merits and deserves to be published. Below are a few points, if cleared can strengthen the manuscript: 1- At the section entitled "Study Procedure" the last paragraph explains the outcomes of the study. I understand that the primary outcome is to calculate the incidence of ICU readmission rate. However, the following sentence explaining the secondary outcome is not clear and combines several domains which are not specifically related to each other. This paragraph regarding study outcomes should be clarified. 2- If as explained in the materials and methods section the "readmission" is defined as ICU readmission within 3 months of initial ICU discharge, then the patient with the shortest follow-up duration in the study must be at least 3 months. However, the results section mentions patients had a median duration of 40 months ranging from 1 month to 136 months. Maybe ones with one month long follow up will be readmitted to the ICU at the second month. The patients with a follow up duration less than 3 months should be removed from the study or the definition of ICU readmission should be changed. 3- In Table 1 while depicting the causes of ICU readmissions one cause caught my attention. "Retransplant". I believe these two patients require a more detailed explanation. Why did these patients require a retransplant after a Living donor liver transplant? What were the causes of graft failure in these cases. Further information should be added to the table. 4- For living liver donor, please explain how a 16 year old was accepted. under what conditions? According to most legislations adulthood starts at the age of 18. 5- In Table 3 I cannot see the



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standard deviations for variables such as the waiting time, cold ischemia time and required packed red blood cells. 6- The last sentences in the results section are about ICU readmitted patients, the sentence before the last one need a correction. 7- At the discussion section authors highlight the fact that in their cohort 1.7% of total cases were readmitted due to biliary complications. However, I cannot see biliary complications listed in Table 1 as a cause of readmission. 8- Overall, the discussion is lengthy, wordy and long. Should be more focused and shortened.



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**Reviewer's code:** 05449007

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD

**Professional title:** Academic Fellow, Doctor

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

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<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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### **SPECIFIC COMMENTS TO AUTHORS**

The authors present a retrospective study to identify impact and risk factors of ICU re-admission after living donor liver transplant on mortality and other outcomes. Overall, the study is well done with sound statistical plan. The authors have described their findings appropriately with appropriate use of figures and tables. English Grammer needs to improve and redundancy needs to be removed. Otherwise the manuscript is satisfactory.