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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4534

**Title:** Disease dependent qualitative and quantitative differences in the inflammatory response to ascites occurring in cirrhotics

**Reviewer code:** 01553211

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-07-04 14:52

**Date reviewed:** 2013-07-27 09:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors performed plasma and ascitic cytokines among various etiologies of cirrhosis. Though interesting, the structure, expression of data and discussion need clarification: 1. What kind of patients with CA ? HCC or others ? 2. Table 1. male/female, what do you mean 0.5/3, 0.2/2 ? 3. What's the meaning of CPS ? 4. The expression of data, Table, 2-6, is confusion. Possibly figures are better. 5. Discussion, last paragraph, ---account for ascites. It appears that your data have no relation to this conclusion.



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4534

**Title:** Disease dependent qualitative and quantitative differences in the inflammatory response to ascites occurring in cirrhotics

**Reviewer code:** 00006459

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-07-04 14:52

**Date reviewed:** 2013-08-05 01:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

This paper describes observations made in 4 groups of patients totalling 57 patients. No experiment or intervention is used. The data is essentially similar to the data published previously on different patients, but this paper expands the idea and data. It provides preliminary indications that high levels of IL8 IL10 and MCP1 associate with fewer bacterial peritonitis problems. But the data is a bit confusing as different patient groups had different patterns. Chemokines should have been assayed. Especially IP10. IL6 and MCP1 are very non-specific, being up in most diseases. The project needs to move on to an interventional study. The introduction is very brief.



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4534

**Title:** Disease dependent qualitative and quantitative differences in the inflammatory response to ascites occurring in cirrhotics

**Reviewer code:** 00842325

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-07-04 14:52

**Date reviewed:** 2013-08-07 15:55

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

In this manuscript, Attar et al. concluded that cytokine pattern may determine the risk of bacterial peritonitis. This study seems to be interesting, and clear well-written. However, there are some drawbacks. 1. The statistical values in Table 2-6 are missing. I wonder which cytokines were significant. 2. How often did bacterial peritonitis occur in this study? 3. In general, PCT is related to bacterial infection. PCT level was higher in malignancy group than in other three groups. malignancy group is unlikely to develop bacterial peritonitis. The authors should discuss this point.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4534

**Title:** Disease dependent qualitative and quantitative differences in the inflammatory response to ascites occurring in cirrhotics

**Reviewer code:** 02563263

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-07-04 14:52

**Date reviewed:** 2013-08-19 17:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

General comment: This manuscript extends the finding of an earlier study evaluating cytokine, and growth factor levels in the plasma and ascetic fluid of cirrhotics, however, the author does not inform what is new in this paper. Introduction: Why did you choose to assess these 12 cytokines, interleukins and growth factors? What end-points were used to make the decision? It would be better to include some key data and in particular significances in the introduction. Methodology: 1. How to group? I have never found the statement in this paper. 2. The authors don't tell us the inclusion criteria of each group. Results: 1. Complete blood count, glucose, alkaline phosphatase and aspartate were performed, but we can not find relative data in your results. 2. Whether the authors analysis the data in statistics? You should add label (such as \*P<0.05 ) in table 2-6 if there is statistically difference. 3. There are some mistakes in Table 1.(0.5/3→5/3, 0.2/2→2/2 ) 4. Some tables are mismatched. (Because of the variability in the measured values, the groups did not differ statistically, but when one examines the mean values per se considerable differences are seen between the various groups with mean plasma values ranging from 1.5-20 times the values of the lowest value for each parameter (Table 5→ Table 4). Similarly, when one examines the mean values in the ascitic fluid, the range of values for a given factor between groups ranged from 1.3-10 times the value of the lowest value (Table 6→ Table 5).) 5. Page 6, bottom: The statement " The cardiac group had the greatest values for 5 of the 12 factors measured followed by the alcoholic group with 3 and the other 2 groups with 2 each. The malignancy group at the lowest value for 5 factors followed by the cardiac group with 3 and the other 2 groups with 2 each." is not really meaningful or sufficient, you should give a value and certainly significance. 6. Page 7, above discussion, the authors tells us what's the meaning of



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the positive/negative value for the plasma-ascitic fluid gradient, but there is a major drawback: the authors did not describe the relative data from table 6. Discussion: There is no emphasis on results and conclusion on findings. I have no idea that which cytokines/growth factors present a high risk of SBP and which present a low risk of SBP.