

ESPS Peer-review Report

Name of Journal: World Journal of Hepatology

ESPS Manuscript NO: 7480

Title: CYP2E1 immunoglobulin G4 subclass antibodies after desflurane anesthesia.

Reviewer code: 02453987

Science editor: Qi, Yuan

Date sent for review: 2013-11-21 18:57

Date reviewed: 2013-12-03 19:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

Dr. Batistaki C and his colleagues investigated the levels of CYP2E1 IgG4 autoantibody levels and conventional biochemical variables in adult patients before and after anesthesia with desflurane, and found that there was no significant difference in hepatic biochemical variables and CYP2E1 IgG4 levels in patients who received general anesthesia with desflurane. This was an interesting study, the presentation of the manuscript is good, and the findings also provided us some useful reference in real clinical practice. In my personal opinion, it could be considered for publication.

ESPS Peer-review Report

Name of Journal: World Journal of Hepatology

ESPS Manuscript NO: 7480

Title: CYP2E1 immunoglobulin G4 subclass antibodies after desflurane anesthesia.

Reviewer code: 02453987

Science editor: Qi, Yuan

Date sent for review: 2013-11-21 18:57

Date reviewed: 2013-12-03 19:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

Dr. Batistaki C and his colleagues investigated the levels of CYP2E1 IgG4 autoantibody levels and conventional biochemical variables in adult patients before and after anesthesia with desflurane, and found that there was no significant difference in hepatic biochemical variables and CYP2E1 IgG4 levels in patients who received general anesthesia with desflurane. This was an interesting study, the presentation of the manuscript is good, and the findings also provided us some useful reference in real clinical practice. In my personal opinion, it could be considered for publication.

ESPS Peer-review Report

Name of Journal: World Journal of Hepatology

ESPS Manuscript NO: 7480

Title: CYP2E1 immunoglobulin G4 subclass antibodies after desflurane anesthesia.

Reviewer code: 02462225

Science editor: Qi, Yuan

Date sent for review: 2013-11-21 18:57

Date reviewed: 2013-12-17 01:07

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

As authors said the group of ? control ? patients receiving a regional anesthesia is too small to conclude anything about the data. Is it relevant to keep these data (tables 4 and 5) ? They found no significant results between the increase of IgG4 after anesthesia in the group of patient who had previous anesthesia. However, they found a true tendency of the level of IgG4 between the group with no previous anesthesia and the groupe receiving previous anesthesia. Maybe a wilcoxon analysis could be more appropriate to compare the data of patient before and after anesthesia which could limit or highlight differences. The cohorts of patients was relatively small, but the authors discussed this point is important due to the pathology has a low incidence (around 20/100000). This is the worst point and the weakness of the study. minor comments Table 2 : Maybe the star of the ? p value ? could be added for the three data which are significant to improve the reading. Table 6 The number of patients in each group much be added, 12 for the group who had not received previous general anethesia and 27 for the other one.