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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17249
Title: Intestinal barrier dysfunction in cirrhosis: Current concepts in pathophysiology and clinical implications
Reviewer's code: 00009292
Reviewer's country: Italy
Science editor: Fang-Fang Ji
Date sent for review: 2015-02-26 18:22
Date reviewed: 2015-04-28 22:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is an interesting paper that concerns the phenomenon of intestinal permeability and bacterial barrier translocation in liver cirrhosis. The paper is original and updated. I have only some minor points. To improve readability, abbreviations should be inserted in the text when reported for the first time, and not only in the insert at the end of the paper. Figure one is not necessary and could be eliminated. English should be reviewed by a native speaker.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 17249
Title: Intestinal barrier dysfunction in cirrhosis: Current concepts in pathophysiology and clinical implications
Reviewer's code: 02148395
Reviewer's country: Germany
Science editor: Fang-Fang Ji
Date sent for review: 2015-02-26 18:22
Date reviewed: 2015-04-25 21:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The editorial "Intestinal barrier dysfunction in cirrhosis. Current concepts in pathophysiology and clinical implications" is concerned about the phenomenon of microbial translocation in liver cirrhosis, which can lead to severe complications. After a short introduction on the consequences and causes of BT (bacterial translocation), the authors introduce, the intestinal barrier elements and how they are affected by liver cirrhosis. The changes in TJ and gap junction proteins that are altered are listed and it is outlines that increased TNFα production may be involved. TNFα can induce miR-I22a that targets occludin. After mentioning histopathologic changes, the authors report on mucus changes, which modulate bacterial adherence. An important factor in mucosal barrier damage is oxidative stress, which is initiated by portal hypertension and leads to mucosal cell death. In the following the authors focus on the immunological barrier in cirrhosis. They introduce GALT and its alterations, antimicrobial peptides and finish this chapter with commenting on cytokine alterations. After outlining the intestinal biological barrier in cirrhosis, the authors turn to the last chapter that defeats the clinical implications. These include liver injury, hepatocellular cancer, hepatic encephalopathy,

gastro intestinal bleeding, spontaneous bacterial peritonitis and mortality. All these features are described in the context of human disease and animal experiments. Molecular pathways are defined as far as they are known. This is a very well written and informative editorial. I have no suggestions for further improvement and would like to recommend publication in its present form with high priority.