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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
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Title: Multimodal Brain Monitoring in Fulminant Hepatic Failure
Reviewer's code: 00182114
Reviewer's country: Japan
Science editor: Ze-Mao Gong
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] 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

Dear author 1.Intracranial pressure (ICP) monitoring is a commonly used diagnostic and/or therapeutic intervention in traumatic brain injury (TBI). The Brain Trauma Foundation Guidelines recommend the use of ICP monitoring for TBI patients in a coma with an abnormal CT scan or a normal CT with a combination of hypotension, age>40 years, severely depressed neurologic status (GCS motor<3 or pupillary abnormalities), or inability to follow patient's neurologic exam. In non-TBI patients, the indications are less clearly defined. Indications include reduced (≤8) Glasgow coma score, cerebral edema on imaging, neurological worsening, and mass effect. ICP monitoring may be considered in reversible/treatable pathologic processes that result in cerebral edema, such as meningitis/encephalitis, hypoxic ischemic injury, ischemic stroke, and hepatic encephalopathy. Please tell me the indication of ICP monitor in FHF. Please comment the Pathophysiology between the progression from hepatic encephalopathy to intracranial hypertension. Please comment the pathophysiology of increased intracranial pressure in FHF. 2.The major concern regarding placement of an ICP monitor is intracranial hemorrhage, which is especially problematic in patients with ALF. Initial data indicated a hemorrhage rate as high as 20% with ICP monitor placement in this

patient population, but more recent reviews have shown a lower rate of bleeding in the range of 2.5-10%. According to your paper, the use of viia before ICP catheter appears to reduce the risk of intracranial bleeding. Recombinant Factor VIIa, given prior to catheter placement, can minimize bleeding complications as secondary hemostasis is restored, although recombinant Factor VIIa is ineffectual in the setting of acidosis. How about the opinion of "Factor VIIa is ineffectual in the setting of acidosis"? 3.Transcranial doppler ultrasonography is noninvasive ICP monitoring. Are there relationship between TCD changes and the ICP monitoring?