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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 25480

Title: Diagnostic Non-Invasive Model of Large risky Esophageal Varices in Cirrhotic HCV Patients.

Reviewer's code: 00058401

Reviewer's country: Brazil

Science editor: Ya-Juan Ma

Date sent for review: 2016-03-24 11:51

Date reviewed: 2016-04-13 02:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The relation cost-benefice was the base for deny the publication of the work.We regret.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 25480

Title: Diagnostic Non-Invasive Model of Large risky Esophageal Varices in Cirrhotic HCV Patients.

Reviewer's code: 00225277

Reviewer's country: Spain

Science editor: Ya-Juan Ma

Date sent for review: 2016-03-24 11:51

Date reviewed: 2016-04-14 21:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

General considerations Nowadays the prevention of one of the most severe complications of portal hypertension, that is, upper gastrointestinal hemorrhage due to variceal rupture (esophageal or gastric), is one of the goals in patients with hepatic cirrhosis. Large varices and the presence of red signs are considered the most valuable objective signs of risk for variceal rupture leading to the administration of preventive treatment with vasoactive drugs and endoscopic treatments such as variceal ligation. Upper GI endoscopy is considered the gold standard method for assessing the presence of varices, their size and red markings. Elective UGI endoscopy is currently considered easily available, speedy and safe and provides excellent tolerance under deep sedation (midazolam or propofol). The main inconvenience is the price, which is varies greatly depending on the countries. As stated by the authors, many indexes had been proposed on suspicion of the presence of large sized varices induced by portal hypertension, avoiding the use of upper GI endoscopy with an acceptable accuracy. However, the inverse objective seems to be more important, because endoscopy is considered an important tool for preventing variceal hemorrhage with the use of endoscopic band



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ligation in patients with large varices. Nevertheless, if an accurate index ensuring the absence of varices or even the presence of risky varices were available, this index would be very useful for avoiding upper GI endoscopy. The authors have exhaustively studied a series of patients with HVC hepatic cirrhosis A and B Child, including a CT scan to build a non-invasive diagnostic model for screening large esophageal varices. The use of continuous variables makes it easy to obtain the best results in regard to accuracy in determining the most adequate sample size, but the authors do not consider the sample size calculation, which is due probably to the retrospective nature of this study in a series of patients. Specific remarks The mortality rate induced by esophageal varices rupture has significantly reduced in the last years (Baveno) as compared with the mortality rate cited in the paper. The side effects and severe complications induced by elective upper GI endoscopy is widely considered to be very low, and in the Introduction the authors consider that this is a risky procedure. This aspect should also be addressed. The rise of accuracy in assessing the presence of varices by CT-scan is modest as compared with the previous indexes used which are easily obtained, and require less technological complexity. It seems that with an adequate number of patients the accuracy of the model could be enhanced. In fact, CT-scan or magnetic resonance is considered adequate when investigating hepatocellular carcinoma, but in these cases esophageal and gastric varices in the form of venous submucosal dilatations can also be accurately assessed. In the Discussion, the second and third paragraph contain similar information to that included in Patients and Methods and Results and should be omitted.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

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Title: Diagnostic Non-Invasive Model of Large risky Esophageal Varices in Cirrhotic HCV Patients.

Reviewer's code: 00071220

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2016-03-24 11:51

Date reviewed: 2016-04-21 08:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

I had the opportunity to review a paper "Diagnostic Non-Invasive Model of Large risky Esophageal Varices in Cirrhotic HCV Patients", and I found very interesting. There is no problem to publish the manuscript.