

ESPS Peer-review Report

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 7967

Title: Partial splenic embolization in cirrhotic patients

Reviewer code: 02663375

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-09 23:07

Date reviewed: 2013-12-13 02:26

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Grade A (Excellent) | <input checked="" 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 checked="" 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

Background: it should be clear to the readers of the journal that splenomegaly is not the definitive treatment in all cirrhotic patients. Please, modify this statement. References should be numbered and the numbers should be given for all the cited articles. The manuscript has track of all the changes that were made! Reference #39 (SMITH) is a review like this one, not an original article, and it should be acknowledged that the structure of Smith review is similar to that of the present review. The article is cited on the second line of the TECHNIQUE paragraph.



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ESPS Peer-review Report

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 7967

Title: Partial splenic embolization in cirrhotic patients

Reviewer code: 02527439

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-09 23:07

Date reviewed: 2013-12-17 23:16

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> Grade A (Excellent) | <input checked="" type="checkbox"/> Grade A: Priority Publishing | Google Search: | <input checked="" 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

No further comments.

ESPS Peer-review Report

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 7967

Title: Partial splenic embolization in cirrhotic patients

Reviewer code: 01218680

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-09 23:07

Date reviewed: 2014-01-06 18:22

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|-------------------------|---|----------------|-----------------------------------|
| [] Grade A (Excellent) | [] Grade A: Priority Publishing | Google Search: | [] Accept |
| [] Grade B (Very good) | [Y] Grade B: minor language polishing | [] Existed | [] High priority for publication |
| [] Grade C (Good) | [] Grade C: a great deal of language polishing | [] No records | [] Rejection |
| [Y] Grade D (Fair) | | BPG Search: | [] Minor revision |
| [] Grade E (Poor) | [] Grade D: rejected | [] Existed | [Y] Major revision |
| | | [] No records | |

COMMENTS TO AUTHORS

Specific comments Background - The background should be documented more precisely. What is the clinical question? - The indication should be clearly documented: what grading of hypersplenism for partial splenic embolization (PSA)? - What is the best technique for partial splenic embolization. - What is the outcome? - What are the main complications? - Different studies compared the outcome of splenectomy and partial splenic embolization. Other studies have shown that PSA decreases splenic blood flow, splenic venous pressure. - In the introduction specific hints to the used technique should be given. Other studies demonstrated PSA to be elected as a preoperative therapy before liver surgery and/or ablation prior to other treatment options. - Questions regarding the technique remain whether a proximal or distal embolization is better, whether targeted embolization should be performed.

ESPS Peer-review Report

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 7967

Title: Partial splenic embolization in cirrhotic patients

Reviewer code: 02712666

Science editor: Ma, Ya-Juan

Date sent for review: 2013-12-09 23:07

Date reviewed: 2014-01-10 11:05

| 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 | <input type="checkbox"/> Existed | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E (Poor) | | <input type="checkbox"/> No records | <input checked="" type="checkbox"/> Major revision |

COMMENTS TO AUTHORS

Comments This paper comprehensively reviews PSE techniques. PSE technique is not new, but it develops recently with a great attention as a treatment option for several pathologies in cirrhotic patients. I feel this paper is relatively well written, and can provide some merit for readers involved in interventional fields. This manuscript includes splenic embolization for traumatic patients. However, concept and techniques of embolization of splenic injury are deferent from PSE for cirrhotic patients. Therefore, I think it would be better to describe PSE for cirrhotic patients alone. Paragraph of "Analysis of PSE in the Literature" should be included in "Clinical application".

Introduction Although the authors say use of splenectomy in the management of cirrhotic patients has been limited by an increased surgical risk amongst patients with advanced liver disease, as well as numerous post-operative complications, including portal vein thrombosis and a strong predilection for sepsis. Recent development in minimal invasive surgery, laparoscopic splenectomy can be done in cirrhotic patients without serious complications. The authors should refer to some recent surgical results in splenectomy. Clinical application of PSE Study by Amin: The authors should state the publication date and follow-up period of his study. Similar to above, follow-up periods is important and should be given. Long-term efficacy (durability) should be discussed. Short term efficacy of PSE is well known. However, it would be limited to temporal effect in some cases. Techniques "Sub-selection of the superior spleen is associated with post procedural pneumonia and atelectasis, consequently, the inferior spleen is frequently isolated." This sentence should be supported by references. Or should be note as author's opinion. Of the contemporary studies reviewed for this paper(,) seven noted whether a distal or proximal approach was utilized. In discussion of techniques of distal and proximal PSE, it should be stated that the selection of either



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technique may be depend on the purpose and condition of patients. For traumatic splenic injury with acute bleeding, immediate hemostasis is required. When catheterization to the distal splenic segment prolong the procedure time, proximal embolization would be better. On the other hand, well-designed distal embolization (with predicting the volume of splenic infarction) would be better for PSE in cirrhotic patients. As described before, I feel it would be better this paper focus to PSE for non-traumatic patients. For particle embolization, it is useful for readers to describe sizes of particle commonly used or recommended. Coils, coils and particles, or NBCA have been used for distal splenic embolization.