

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 14882

**Title:** Successful endovascular treatment of transplant intrarenal artery stenosis in renal transplant recipients: Two case reports

**Reviewer's code:** 00504802

**Reviewer's country:** United States

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2014-10-31 08:53

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This main drawback of this paper has a relative lack of novelty. The length of the paper is approximately right. The text needs a moderate amount of revision and editing to improve English. Of note, renal artery stenosis (RAS) of the transplant is, in my experience, is a relatively rare event with good surgical technique, and certainly I would not categorize it as "common". Many important information is missing from the paper: e.g., the "best" baseline creatinine after transplant; results of chronic creatinine during 1 year of follow-up; also may be worthy to report on eGFR. It may be best for the Authors, to build a small Table to feature these issues for easy demonstration, along w/ other issues: e.g.: donor features (age/co-morbidities); number of BP meds/blood pressures during 1 year f/up, etc. The Abstract needs particularly heavy editing, e.g.: "Introduction: Transplant renal artery stenosis is a relatively rare occurrence after renal transplantation. The site of the surgical anastomosis is most commonly involved, but sites both proximal or distal to the anastomosis may occur, as well. Angioplasty is the gold standard for the treatment of the stenosis, especially for intrarenal lesions. We report two cases of intrarenal transplant renal artery stenosis and successful management with



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angioplasty without stent placement. Case reports: Both patients were male, age 44 and 55, and presented with elevated blood pressure and serum creatinine within three months after transplantation. Subsequently, they have undergone angioplasty balloon dilatation with normalization of blood pressure and serum creatinine returning to baseline level. Conclusion: Percutaneous transluminal balloon renal angioplasty is a safe and effective method for the treatment of the intrarenal transplant renal artery stenosis.” Other comments: -the relatively early occurrence of the RAS after transplant, along w/ the anatomical location, would strongly suggest donor–derived features. Do the authors have information on the transplant donor(s)? [see also comment about building a Table, above] -for Case #1: described induction therapy; also would rec’ to show at least the pre-intervention angiogram pictures -Case#2; data on immuno-modulating Rx is missing, as well

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<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Authors refer two cases of post-transplant intrarenal artery stenosis leading to renal insufficiency and once elevated blood pressure as well. The applied percutaneous transluminal angioplasty in this condition looks to be safe and long-lasting solution even without stent implantation, so the described cases are worth to be published. Some questions however, still should be discussed in the paper: 1. Is there any indication or example in the literature for stent implantation in the intrarenal region besides balloon dilatation? If there is, than why did the authors not implant stent? 2. Is there any general recommendation after TRAS PTA in changing medication and did the authors add any new drug or increase the dose, which could have additional benefit for the long-time outcome? Besides these questions, there is a list of grammatical errors: Page 3, line 7: a space is missing before ref. 2. and throughout the paper many spaces are missing before citations. Page 3, line 10: "distal" Page 4, line 1: "55 year old" Page 4, line 6: 1.8 ml/dl. Page 4, line 20: "color" Page 5, line 2: "occurred" Page 5, line 19: " in cases that the location of the stenosis is the renal parenchyma"