



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 37730

**Title:** Utility of Central Venous Pressure (CVP) Measurement in Renal Transplantation: Is It Evidence Based?

**Reviewer’s code:** 03537042

**Reviewer’s country:** India

**Science editor:** Na Ma

**Date sent for review:** 2018-01-01

**Date reviewed:** 2018-01-17

**Review time:** 15 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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 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 type="checkbox"/> No	

**COMMENTS TO AUTHORS**

Manuscript is well written and recent references cited too. The manuscript details about the newer tools available for assessing the volume status.

Answer:

Thank you for your kind review.



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## PEER-REVIEW REPORT

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

**Manuscript NO:** 37730

**Title:** Utility of Central Venous Pressure (CVP) Measurement in Renal Transplantation:  
Is It Evidence Based?

**Reviewer's code:** 01805500

**Reviewer's country:** Italy

**Science editor:** Na Ma

**Date sent for review:** 2018-01-17

**Date reviewed:** 2018-01-17

**Review time:** 7 Hours

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 checked="" 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Authors should comment on these points: I was impressed by the numerous limitations of the new techniques as per table 2. Thus, I do not see a such evident amelioration respect the old CVP, thus new tools should be used only in very specialised centres with very expert operators. In every day-practice, the 24/h volume of liquid introduced by patients plus urine quantity and body weight variations are the only possible methods to obtain a clear view of the hydration condition.

Answer:

Thank you for your kind review.

1- We totally agree with you that the 24 hours input and output chart with daily body weight can guide fluid management in most of the admitted cases. However, we are discussing now intraoperative and early post-operative management of transplant recipients. I will quote this paragraph from our manuscript as it illustrates the limitation of CVP use in this exceptional set of patients “During kidney transplant operation, the recipient is exposed to many intraoperative factors which may alter the CVP reading, hence, can be misleading in decision making. These factors can be summarised in the following points:

- During the operation, the position of the patient is not always in flat supine position. The surgeon may be tilting the table in a different direction, commonly head down while elevating the left or the right side to improve the access to the iliac vessels. The effect of posture changes on CVP reading was documented since a long time <sup>[10]</sup>.
- Transplant surgery always entails the use of abdominal retractors. These retractors must have a pressure effect on the viscera and subsequently affect the venous return. Moreover, the tension created by the retractors will resist movement of the diaphragm and will eventually affect the intrathoracic pressure. These mechanical factors again will give a false CVP reading <sup>[11]</sup>.
- There is positive pressure ventilation (PPV) during the transplant operation will affect the CVP reading as mentioned in Table 1 <sup>[9]</sup>. There is no convincing evidence demonstrating to how much the CVP is affected by PPV.
- The target intra-operative CVP remains elusive. While aggressive hydration ensures good allograft perfusion. On the other hand, overhydration carries the risk of pulmonary congestion, pulmonary oedema, and prolonged intubation especially in patients with pre-existing cardiac conditions <sup>[12]</sup>.
- CKD patients on dialysis fluctuate between the volume overload state and the dry state during the post-dialysis period, which makes it difficult to declare which CVP reading



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should be considered as a normal reading. Additionally, the effect of ageing, long-standing hypertension and the use of various medications affecting the peripheral vascular resistance (alpha blockers, beta blockers and calcium channel blockers) would be further compounding parameters <sup>[9]</sup>.

- We should not forget that placement of central venous catheters and other devices may result in central vein stenosis. Central vein stenosis can jeopardise the future of arteriovenous fistula and arteriovenous graft in the ipsilateral extremity when the renal graft fails, and the patient returns to dialysis <sup>[13, 14, 15]</sup>.”

Furthermore, our work is aiming to improve fluid management during this critical step of transplantation as the physician is unable to accurately measure the body weight of the patient, the decrease in urine output may result from kidney transplant rejection for example rather than hypovolemia, and in this case excess fluid resuscitation may harm the patient rather than helping him.

- 2- Regarding your point that new tools should be used only in very specialised centres with very expert operators. We again agree with this point and considering that we are speaking about operative and post-operative care of transplant recipients. All transplant centres can be considered specialised centres with very expert operators.



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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 37730

Title: Utility of Central Venous Pressure (CVP) Measurement in Renal Transplantation: Is It Evidence Based?

Reviewer's code: 00503175

Reviewer's country: Croatia

Science editor: Na Ma

Date sent for review: 2018-01-17

Date reviewed: 2018-01-20

Review time: 3 Days

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various review criteria such as 'Grade A: Excellent', 'Priority publishing', 'Duplicate publication', and 'Plagiarism'.

COMMENTS TO AUTHORS

This article is very interesting. According to me it is ready for publication without revisions.

Answer:

Thank you for your kind review.



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

**Manuscript NO:** 37730

**Title:** Utility of Central Venous Pressure (CVP) Measurement in Renal Transplantation: Is It Evidence Based?

**Reviewer's code:** 00503243

**Reviewer's country:** Italy

**Science editor:** Na Ma

**Date sent for review:** 2018-01-17

**Date reviewed:** 2018-01-22

**Review time:** 5 Days

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 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is a very important study comparing the Central Venous Pressure with newest system in evaluating the utility in fluid intravascular status during renal transplantation. The study is well conducted, rather new and add new important knowledge for the transplant physician

Answer:

Thank you for your kind review.