



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 12550

Title: A comprehensive review of post-liver resection surgical complications and a new universal classification and grading system

Reviewer code: 00680057

Science editor: Xue-Mei Gong

Date sent for review: 2014-07-15 15:47

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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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Colleagues, in the review article entitled: A comprehensive review of post-liver resection surgical complications and a new universal classification and grading system, by Ishii et al, postoperative complications after liver surgery are summarized. Moreover, a new classification system for postoperative complications is introduced. In general, the article is of great clinical relevance. Overall quality of the article is very good. However, in my opinion, some major issues have to be addressed: Table 1: In my opinion, one-organ failure, multiple-organ failure and death of the patient can not be summarized within one grade as severeness of these entities differ a lot. Table 2: Grade C: This grade includes cases, that are also specified under other complications (e.g. hemodialysis-acute renal failure). Grade C should only rely to liver specific invasive methods. As pulmonary complications in patients after liver surgery are common and can be very severe, pulmonary complications such as postoperative pneumonia should be displayed in an own table and scoring system. Moreover, for the classification of postoperative liver failure, it would be very useful, to quantify liver function before surgery, because patients with cirrhosis are more likely to develop postoperative liver failure. P.4: "extensive IVR": please specify further and give examples. p.4/5: Acute renal failure, Table 4: Grade C in renal failure includes "heart failure and pneumoedema". This means that patients in grade C have failures of different organ systems. Perhaps it would be better to state grade C as just patients who need hemodialysis. p.5: For the



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inclusion of ascites into the grading system, a preoperative assesement of ascites in the patients has to be performed. Many patients undergoing liver surgery have an impairment of liver function (e.g. zirrrosis) before surgery. If a patient has ascites before surgery, it can not acount as a complication if this patient has ascites postoperatively. p.6: Surgical site infections: In my opinion it is not precise enough to classify SSIs according to the needed treatment time. Treatment time will not in all cases correlate with the severeness of the SSI. E.G. Superficial wound healing may need ambulant treatment for several weeks when treated in order to achieve secondary wound healing. With surgical debridement on secondary closure of the same wound, woundhealing could be achieved within shorter time. I think classification of SSIs should include more factors, e.g. site of infection, surgical treatment, antibiotic treatment, ambulant or stationary treatment.



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<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper is an excellent review and I have no serious criticisms regarding interpretation of previous reports and structure of this paper.