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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14143

Title: Nonconvulsive Status Epilepticus in Hepatic Encephalopathy

Reviewer code: 02942755

Science editor: Jing Yu

Date sent for review: 2014-09-26 10:22

Date reviewed: 2014-10-05 21:33

| 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"/> Existing | <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 | BPG Search: | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E: Poor | | <input type="checkbox"/> Existing | <input checked="" type="checkbox"/> Major revision |
| | | <input type="checkbox"/> No records | |

COMMENTS TO AUTHORS

This case highlights the reality of nonconvulsive status epilepticus in hepatic encephalopathy and utility of electroencephalogram in evaluating for patient with liver cirrhosis presents with an altered level of consciousness. This case is not complete. Nonconvulsive status epilepticus in hepatic encephalopathy has been diagnosed, but the patient was not followed up. Authors do not provide the information about effect of subsequent treatment and prognosis of the patient in another hospital. I suggest that the therapeutic effect of nonconvulsive status epilepticus and hepatic encephalopathy in another hospital where the patient was transferred should be recorded in this case. Moreover, the prognosis of the patient also ought to be included in the details of the case.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14143

Title: Nonconvulsive Status Epilepticus in Hepatic Encephalopathy

Reviewer code: 02445541

Science editor: Jing Yu

Date sent for review: 2014-09-26 10:22

Date reviewed: 2014-10-01 21:03

| 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"/> Existing | <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 | | BPG Search: | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Grade E: Poor | <input type="checkbox"/> Grade D: Rejected | <input type="checkbox"/> Existing | <input checked="" type="checkbox"/> Minor revision |
| | | <input type="checkbox"/> No records | <input type="checkbox"/> Major revision |

COMMENTS TO AUTHORS

This is an interesting case report that draws attention to a rare coincidence of liver cirrhosis and nonconvulsive status epilepticus. This indicates already my major comment: the coincidence does not proof the relation to hepatic encephalopathy (HE). In contrast the diagnosis of HE has not been established firmly: no flapping tremor, no triphasic waves, MRI is in accordance with cirrhosis and is not specific for HE, in HE lorazepam will aggravate the clinical HE grade. My suggestion is to change the title in : Cirrhosis and nonconvulsive status epilepticus. Minor points; 1. Give normal lab values within paracenteses 2. what was the final follow-up of the patient in the other facility?



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14143

Title: Nonconvulsive Status Epilepticus in Hepatic Encephalopathy

Reviewer code: 00051758

Science editor: Jing Yu

Date sent for review: 2014-09-26 10:22

Date reviewed: 2014-10-04 00:22

| 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"/> 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 checked="" type="checkbox"/> Rejection |
| <input checked="" 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

Jo and co-workers present an interesting case of differential diagnosis in a patient with suspected HE. A series of issues need to be addressed, one of them (Figure 2A) major: FIGURE 2A The electroencephalogram depicted in A does not show rhythmic sharp and slow wave complexes, consistent with status epilepticus!! It is compatible with severe metabolic encephalopathy, with slow delta activity and triphasic waves. TITLE May need changing as it suggests that the final diagnosis is part of the HE syndrome. INTRODUCTION Referencing of the first paragraph is inadequate. CASE REPORT Was it appropriate to administer treatment by mouth to a lethargic patient? The EEG but not the clinical response to levetiracetam is presented - did the patient improve rapidly? Information should also be provided on follow-up in the facility he was moved to. DISCUSSION It is not true that "The pathophysiology of hepatic encephalopathy remains unknown" and the discussion in the first paragraph (ref. 3) is largely inaccurate. Please quote Guerit et al, Liver Int. 2009;29:789-96, in relation to the ability of the EEG to detect non-convulsive status epilepticus in cirrhosis.