



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Hepatology

**ESPS manuscript NO:** 13022

**Title:** Endotipsitis: A case report of the longest latency from insertion to infection, with a literature review on an emerging prosthetic related infection

**Reviewer's code:** 00723296

**Reviewer's country:** Romania

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-08-02 10:59

**Date reviewed:** 2014-10-14 16:49

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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

In this paper Navaratnam et al. present a case of “endotipsitis” and performed a review of the existing literature on this field. They identified 22 papers reporting 54 patients with endotipsitis. The great majority had monomicrobial infections (gram positive agents were the majority). Infections with Staphylococcus aureus and Candida were associated higher mortality. No homogeneous management was applied for the treatment of this condition and guidelines of antibiotics use are usually derivate from the treatment of endocarditis. Although the subject is very interesting and because of the rarity of this condition strong data is lacking, there are some aspects that authors should be clarified. Here are my comments: 1. Introduction: probably the existing criteria for diagnosis of endotipsitis should be stated in the introduction. That will make the case presentation clearer. Only with the provided data alternative diagnosis, as stent thrombosis and sepsis, could be possible. 2. Case report: the diagnosis and the indication of TIPS insertion is not very clear. The patient had previous right hepatectomy, so probably the insertion of the stent was atypical. Authors should state the indication for TIPS insertion (refractory ascites? If the EV were not bleeding). Also



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some data about technical particularity of TIPS insertion would be interesting to know. The lab values should be provided in a standard way (for example, it is difficult to understand the value of platelets count). According to US examination and CT scan the TIPS is dysfunctional. The catheterization of the stent was made after the control of the infection? After the antibiotic treatment the filling defect inside the TIPS has disappeared? This specific issue should be discussed because the diagnosis relies on it. Moreover, by TIPS catheterisation quantitative bacteriology can be an alternative diagnostic method in cases with diagnostic uncertainty. The comparison of bacterial colonies counts from portal blood and peripheral venous blood may provide important evidence of the stent device as a source of the infection. 3. Review of the literature: -A figure with selection algorithm could be helpful. Also it would be better to state how many papers are isolated case reports and how many are case series. -It would be interesting to provide also the number of cases with early onset of endotipsitis (3 months after insertion for example) and where the infection process could be related to the insertion. Maybe a comparison between the two groups (early onset vs late onset) regarding the infection agent and outcome would give interesting results. Minor comments: - a legend of table one is missing: especially to explain the outcome (R, Tx, D). - the presented case is not the first case described in the United States, so probably the phrase "We report a case in the United States supplemented by a review of the literature" from the abstract should be reformulated.



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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'PubMed Search', etc.

COMMENTS TO AUTHORS

The manuscript presents an interesting case of "endotipsitis" and reviews the literature. Suggestions:
1) Case report: it is unclear why "suppressive" (?clarify term) oral ciprofloxacin 500 mg daily was prescribed; how long was treatment maintained (reading the text, it appears that it lasted 9 months?).
2) review of the literature: a) TABLE: the authors provide only a table of antibiotic treatment; an additional table detailing all other data on the case reports/series could be helpful; in the table on antibiotic treatment, please specify duration of bacteremia/treatment (days? weeks?); b) RESULTS, page 9, line 18: please express percentage of mortality also in absolute numbers; c) DISCUSSION: please comment on the differences in the duration of treatments; contrary to the statement in the abstract, no comments/conclusions are drawn from other guidelines relevant for the treatment of endotipsitis. Please address, for instance, the problem of selection of antibiotic, duration of treatment. d) REFERENCES: please revise references (e.g. ref. 19 is missing).



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**ESPS manuscript NO:** 13022

**Title:** Endotipsitis: A case report of the longest latency from insertion to infection, with a literature review on an emerging prosthetic related infection

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input 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 checked="" type="checkbox"/> Minor revision
		BPG Search:	<input 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

Very interesting case report and review on a rare disease. I have some minor suggestions. page 5 line 24 - platelet count - units are missing It would be of interest to the reader to know AST, ALT and GGT levels on admission. page 8 line 13 - please correct grammar "The mean age was 54.3 years of age" page 8 line 14 - with a predominance of males (38 vs 9). Please insert % and make the comparison clear