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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology
ESPS manuscript NO: 25885
Title: The Light at the End of the Tunnel: Mesocaval Shunting for Refractory Esophageal Varices in Patients with Contraindications to Transjugular Intrahepatic Portosystemic Shunt
Reviewer's code: 00055108
Reviewer's country: Norway
Science editor: Ya-Juan Ma
Date sent for review: 2016-03-25 14:53
Date reviewed: 2016-04-09 20:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

An interesting review to read, and overall informative. Some work has to be done to present in a suitable fashion. First there are some issues regarding the Language read carefully and rewrite where ever the sentence difficult to read, do not make sense and do correct the grammar. You need to look into table 1 - one should be able to read it without looking to the text to understand what you mean. Furthermore the figures need to be worked on - it would for instant be nice if you could indicate where the different veins/stent are located in your figures - it would be much easier to read and comprehended. The legend to figure 2 has to be re-written to be able to explain the figure. Look to what you have been writing in the text - even the explanation in the text is not easy to comprehend - rewrite both is in order.

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Title: The Light at the End of the Tunnel: Mesocaval Shunting for Refractory Esophageal Varices in Patients with Contraindications to Transjugular Intrahepatic Portosystemic Shunt
Reviewer's code: 00504187
Reviewer's country: Italy
Science editor: Ya-Juan Ma
Date sent for review: 2016-03-25 14:53
Date reviewed: 2016-04-25 13:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
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[ ] Grade E: Poor		[Y] No	[Y] Major revision
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		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This paper is essentially a case report with a review of the scarce literature (all case reports) about radiologically performed mesocaval shunt, a rather complex procedure. The title seems to be excessively optimistic and emphatic: to see "the light at the end of the tunnel" of the prevention of the rebleeding of esophageal varices may be too clear-cut, considering that only 6 (plus that reported in the paper) patients have been described until now. The manuscript is a continuing discussion, without methods and results, as it should be usual, and few informations are available about the only patient that it has been apparently treated by the authors. Moreover, looking at Table 1, the long term outcome after mesocaval shunt might be questioned: one patient had an occluded shunt at 12 months, although no rebleeding was observed at 14 months. The follow up of the shunt in the other patients is at 1 (2 patients), 2 (without rebleeding at 10 months) 3 and 6 months. The last patient was not complaining liver cirrhosis but likely a thrombosis of the superior mesenteric and splenic vein due to a pancreatic tumor, quite a different pathogenesis of esophageal varices, with different evolution, and

should not be included in this series, except may be to show the feasibility of the operation. In two cases thrombosis of the shunt was observed and they were managed by "shunt revision". Could the authors explain in details the revision procedure? Although re-canalized, the shunts had an incidence of thrombosis of 33%. This should not be under evaluated in the discussion. The authors state that, given the limited numbers of patients who have undergone percutaneous or endovascular mesocaval shunt placement, there are no data to evaluate rates of hepatic encephalopathy with these shunts vs TIPS or surgical shunt creation. However, a high incidence of encephalopathy is commonly reported either after surgical or after radiological shunt, being not different in their physiopathology, and at least it should be reported if encephalopathy has been observed and in how many patients. The paper would be more fitted for a journal of operative radiology than for a gastroenterology journal. Indeed, the technical details, which are the main core of the paper, are not easy to understand for not highly specialized radiologists. Actually, only very skilled in referral centers are likely able to perform such a technically demanding procedure, a fact that should be emphasized. The authors are focusing on the not commonly available surgical experience to perform portocaval shunt, but the expertise concerning pure radiologically performed mesocaval shunt is certainly even less available. As for many other new coming technological advances in the modern medicine, it would be better to say that for now this procedure is feasible. No any conclusions can be taken about the long term outcome (thrombosis is one of the major drawbacks of TIPS, a comparable procedure) and safety. This issue should be sincerely discussed, considering that the procedure has required in some patients the passage of a needle, and of a guide wire afterward, through the colon or other hollow viscera (and even pancreas) before arriving to the vessels. Apart from the risk of perforation, the risk of infection in a patients with impaired immunity like cirrhotic patients, may not be negligible and this risk should be well pointed out before recommending these maneuvers. The third major risk, i.e. bleeding, should also not be under evaluated, and no firm conclusion can be taken after few reported patients. It would be interesting to know the coagulation features (including platelets) of the patients submitted to radiological mesocaval shunt A further important drawback of the manuscript in my opinion is the absence of precise indication criteria to mesocaval shunt. Likely, the procedure seems to be a technical advancement of TIPS and could rise the same concerns. A Cochrane review in 2006 [