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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 8745

**Title:** Non-selective  $\beta$ -blockers may induce the development of portal vein thrombosis in liver cirrhosis

**Reviewer code:** 02540259

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-05 14:11

**Date reviewed:** 2014-01-16 16:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

this is an interesting letter suggesting that non-selective b-blockers (NSBBs) may be associated with poor outcome in a subgroup of patients with cirrhosis. I don't have any further comment on this letter.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 8745

**Title:** Non-selective  $\beta$ -blockers may induce the development of portal vein thrombosis in liver cirrhosis

**Reviewer code:** 02527489

**Science editor:** Qi, Yuan

**Date sent for review:** 2014-01-05 14:11

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B (Very good)	<input type="checkbox"/> [ Y] Grade B: minor language polishing	<input type="checkbox"/> [ ] Existed	<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	<input type="checkbox"/> [ ] Existed	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> [ ] Grade E (Poor)		<input type="checkbox"/> [ ] No records	<input type="checkbox"/> [ ] Major revision

## COMMENTS TO AUTHORS

The letter by Xingshun et al. entitled: "Non-selective beta-blockers may induce the development of portal vein thrombosis in liver cirrhosis" deals with a very interesting theme that is the possible implication of a therapy that can be considered as the "aspirin" of the hepatologists as the AA say (i.e. the use of non-selective beta-blockers in the prevention of variceal bleeding) in the development of a complication of liver cirrhosis, portal vein thrombosis, which can be itself cause of decompensation. The physiopatological hypothesis considering the capability of NSBBs in reducing the portal vein inflow and portal pressure is correct. However some considerations have to be done. Old data in the literature showed that PVT was present in 10% of patients with liver cirrhosis and most of more recent studies present a prevalence of PVT in cirrhotic patients between 5 and 20%. Of course the decreased portal inflow has been considered as the main risk factor for the development of PVT, even if inherited coagulation abnormalities cannot be ruled out. Moreover, at the moment, the secure and evidence-based benefits of NSBBs in the treatment of portal hypertension overcome the potential harms in general and in particular related to the eventual complications of an eventual PVT. Finally the authors suggest a prospective study on the relationship between NSBBs use and PVT development even if is not clear how the study could be designed considering that a randomization vs placebo could not be ethical. Minor points 1. Introduction section. Page 4, line 15 the sentence (median survival time: 20 months with propranolol v.s. 5 months in patients without propranolol...) should be change into (median survival time: 20 months not treted with propranolol v.s. 5 months in patients treated with propranolol...) 2. Page 5, line 2, the reference n° 19 is incomplete