Name of journal: World Journal of Gastroenterology

Manuscript NO: 94524

Title: Advancing Hepatic Recompensation: Baveno VII Criteria and Therapeutic Innovations in Liver Cirrhosis Management.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03203962

Position: Editorial Board

Academic degree: PhD

Professional title: Professor, Surgeon

Reviewer’s Country/Territory: China

Author’s Country/Territory: Italy

Manuscript submission date: 2024-03-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-04-12 17:27

Reviewer performed review: 2024-04-12 17:58

Review time: 1 Hour

Scientific quality: [ Y ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good

[ ] Grade D: Fair [ ] Grade E: Do not publish

Novelty of this manuscript: [ Y ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair

[ ] Grade D: No novelty

Creativity or innovation of this manuscript: [ Y ] Grade A: Excellent [ Y ] Grade B: Good [ ] Grade C: Fair

[ ] Grade D: No creativity or innovation
SPECIFIC COMMENTS TO AUTHORS
The Baveno VII guidelines propose a new paradigm by delineating specific criteria for hepatic recompensation, offering renewed hope for patients previously deemed ineligible for therapeutic intervention. TIPS has been primarily indicated for specific complications of portal hypertension. It plays a broader role in promoting hepatic recompensation according to the criteria outlined in Baveno VII. The author discovered the role of TIPS and the Baveno VII criteria by reviewing and analyzing numerous literatures. It represents a promising therapeutic option for achieving hepatic recompensation in patients with decompensated liver cirrhosis, as it can address both the hemodynamic consequences of portal hypertension and the underlying etiology of cirrhosis, thereby improving hepatic function in this patient population. However, TIPS treatment also has certain risks and limitations, such as hepatic encephalopathy, stent stenosis or occlusion, and long-term follow-up and drug treatment are still required after treatment. In addition, the success of TIPS treatment is also related to factors such as the patient's liver function, degree of portal hypertension, and the technical level of the surgeon. Therefore, when choosing TIPS treatment, it is necessary to comprehensively
consider factors such as the patient's condition, treatment risks, and benefits, and make decisions under the guidance of experienced doctors. Of course, these are the limitations of TIPS and not the shortcomings of this article. I strongly agree with the author's viewpoint that further studies are needed to maximize efficiency while minimizing risks in TIPS.