



PEER-REVIEW REPORT

Name of journal: *World Journal of Meta-Analysis*

Manuscript NO: 94519

Title: Vascular complications of liver abscess: A literature review

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03473431

Position: Editorial Board

Academic degree: MD

Professional title: Chief Doctor

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: India

Manuscript submission date: 2024-03-19

Reviewer chosen by: Yu Bai

Reviewer accepted review: 2024-07-28 17:20

Reviewer performed review: 2024-08-05 18:52

Review time: 8 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript deals with a major and important complication of hepatic abscess that is the vascular compromise and report the literature review. This complication is rare but can be lifetreatenjng. General Comment. The review reflects much of the epidemiology of the authors' origin, of the percentage (>80%) of amoebic abscesses and takes little account of other epidemiologies from the rest of the world. Specific comments

Introductio section There is a third cause of LA, although rare ,that is Invasive Fungal Infection. See : Infection and Drug Resistance ,2017 Liver fungal infections: an overview of the etiology and epidemiology in patients affected or not affected by oncohematologic malignancies . Marco Fiore1, et al Authors should add and discuss this type of Invasive Fungal Infection of the liver. In fact ,in this kind of hepatic infection long term complication should occur as reported by the following authors: Portal vein thrombosis as a long-term complication of chronic hepatosplenic candidiasis in an allogeneic haematopoietic stem-cell transplant recipient. Paccoud O, Fontaine H, Bougnoux ME, Lortholary O, Suarez F, Lanternier F.Clin Microbiol Infect. 2020 Jul;26(7):967-968. doi: 10.1016/j.cmi.2020.02.012. Epub 2020 Feb 21.PMID: 32092450 MANAGEMENT ISSUES:



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DIAGNOSTIC AND THERAPEUTIC CONSIDERATIONS CEUS represent an excellent tool for differential diagnosis in liver abscess to exclude solid lesion from liquid focal lesion. Furthermore CEUS can be used in the management of therapeutic approach guiding the needle or catheter drainage. Some reports are from western countries and a vascular complication can be quickly seen using Sonovue that is a blood stream contrast agent. Obviously CEUS can be not available in developing countries but this diagnostic and therapeutic method should be added and discussed: .See for example: The Effect of Contrast-enhanced Ultrasound via Vessels and Surgical Drains Guidance Percutaneous Catheter Drainage in the Treatment of Pyogenic Liver Abscess Yuan Ming et al 2024 Conclusion section Drainage represents, together with antibiotics administration, the first line treatment for LA, especially for large LA that are those that can bring to vascular complications. Abdominal Ultrasound should be employed for diagnosis (cavity US guided puncture) and guide for drainage. Few serial (one or maximum in my experience) abdominal US examinations ,even with commercially small US machines, ,together with improvement of clinical signs , firstly fever, can easily show the reduction of LA cavity and healing of the focal liver lesion. Finally two important points: authors should report important and large Western series that did not report any major complication using needle or catheter drainage ; and final question: what literature reports about infected hydatid liver cyst???? Please discuss.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer’s Country/Territory: Italy

Author’s Country/Territory: India

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Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2024-08-26 08:02

Reviewer performed review: 2024-08-27 18:43

Review time: 1 Day and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is markedly improved and authors replied completely to my questions