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Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Hepatology

ESPS Manuscript NO: 5374

Title: CLINICAL COURSE AND PROGNOSTIC FACTORS OF HEPATORENAL SYNDROME: A RETROSPECTIVE SINGLE CENTER COHORT STUDY

Reviewer code: 00061684

Science editor: Ma, Ya-Juan

Date sent for review: 2013-09-03 14:57

Date reviewed: 2013-09-03 18:34

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input 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)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an interesting study. Unfortunately the data are retrospective. The data need to be checked by statistician since numbers are small.



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Date reviewed: 2013-09-04 10:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<input type="checkbox"/> [] Grade D (Fair)		BPG Search:	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E (Poor)	<input type="checkbox"/> [] Grade D: rejected	<input type="checkbox"/> [] Existed	<input type="checkbox"/> [] Major revision
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COMMENTS TO AUTHORS

In this manuscript, the authors investigated the clinical and biochemical features of hepatorenal syndrome (HRS), the short and long-term survival of HRS patients, and the potential predictors for early mortality. They found that complete response was obtained only in 3 cases (9.1%), and that median survival was 30 days without significant differences among type 1 and type 2 HRS. The univariate analysis demonstrated that Child-Pugh class C, presence of HCC, low serum sodium, high bilirubin values and high MELD score were predictive factors of 30 days mortality. However, only serum sodium <132 mEq/L and MELD score >27 were independently associated with a survival less than one month by the multivariate analysis. The authors conclude that HRS has still poor prognosis even when vasoactive drugs are extensively used. The originality of this study was not high. Nonetheless, this manuscript may provide useful information for the clinicians. The data analysis and presentation were appropriate, and the manuscript was well prepared.



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