

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38696

Title: Pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction is possible: A case report and review of the literature

Reviewer's code: 02944278

Reviewer's country: Italy

Science editor: Li-Jun Cui

Date sent for review: 2018-03-09

Date reviewed: 2018-03-09

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input checked="" type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Bari, 7/3/2018 Paziente BOZZA GIOVANNI (19/4/1940)

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38696

Title: Pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction is possible: A case report and review of the literature

Reviewer's code: 00070310

Reviewer's country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-03-09

Date reviewed: 2018-03-12

Review time: 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This paper showed a case undergoing pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction. This manuscript is well written. However, it dose not receive a high enough for publication. 1, This is a special



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case with the development of venous collaterality. How d the authors evaluate whether SMV reconstruction is required or not? 2, How is left-sided portal hypertension in the short-and ling-term outcomes?

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38696

Title: Pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction is possible: A case report and review of the literature

Reviewer's code: 02540171

Reviewer's country: China

Science editor: Li-Jun Cui

Date sent for review: 2018-03-09

Date reviewed: 2018-03-12

Review time: 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

It is a good case report with literature review to illustrate the feasibility and safety of vein resection without reconstruction. The followings are some question about this study.

1. which version of AJCC stage do you use in this study. T4 always indicate the artery



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involvement. 2. Do you have the pictures such as CTA which demonstrated the collateral vessels. 3. Can you describe some result of the intra-operative data, such as blood loss, operative time, transfusion and so on, so that we can learn more about the PD surgery in patient after neoadjuvant therapy. 4. Is there any indication or contraindication for adjuvant therapy? 5. Why do acute thrombosis of PV/SMV lead to mesenteric venous ischemia? 6. There are some grammar errors should be corrected.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38696

Title: Pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction is possible: A case report and review of the literature

Reviewer's code: 00054371

Reviewer's country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-03-09

Date reviewed: 2018-03-14

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors demonstrated a case of pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction. Pancreatic surgeons occasionally encounter the difficulty of reconstructing the superior mesenteric vein infiltrated by

advanced pancreatic cancer. This is an intriguing paper, providing surgeons with such novel techniques. I would like the authors to add some discussions regarding the matters mentioned below. Sometimes, an obstruction of the superior mesenteric vein caused by cancer involvement is accompanied by the development of vigorous collateral vessels around the pancreas head which drain into the stomach, duodenum, and the portal vein. In this situation, performing a pancreaticoduodenectomy needs to divide these collateral vessels, which leads to severe congestion of the small intestines. Many surgeons think of this condition as a contraindication to pancreaticoduodenectomy. Therefore, pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction is not always possible. The authors should state contraindications to this surgical procedure in the discussion section. In another situation, when the superior mesenteric vein is partially occluded, can this vein be safely left divided? How can such safety be confirmed? Please discuss these matters thoroughly.

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[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 38696

Title: Pancreaticoduodenectomy with combined superior mesenteric vein resection without reconstruction is possible: A case report and review of the literature

Reviewer's code: 01557283

Reviewer's country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-03-09

Date reviewed: 2018-03-21

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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SPECIFIC COMMENTS TO AUTHORS

Major comments. 1. In the text, Figure 1 and 2 were not indicated. 2. The authors should present 3D-CT-portography. Indeed, it might be important before surgery where was the collateral vessels, i.e., those from the superior mesenteric vein to the inferior mesenteric



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vein. 3. On exploration, there was no evidence of metastasis or peritoneal nodularity. Did not the authors perform intraoperative peritoneal cytology? 4. A multidisciplinary tumor board decided there were no indications for adjuvant therapy. Why was not adjuvant chemotherapy performed in this 56 y.o. patient? 5. SMV thrombosis was observed before the surgery. Why could tumor portal thrombus be ruled out before surgery? The authors should discuss about tumor thrombus due to pancreatic ductal adenocarcinoma. 6. Venous drainage of the small bowel was achieved via the inferior mesenteric and splenic veins, and reconstruction of the SMV was not necessary. What about postoperative CT finding? The authors should present it.

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