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# PEER-REVIEW REPORT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 66372

**Title:** Prospective validation to prevent symptomatic portal vein thrombosis after liver resection

**Provenance and peer review**: Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03024207
**Position:** Editorial Board
**Academic degree:** MD, PhD
**Professional title:** Chief Doctor, Full Professor
**Reviewer's Country/Territory:** China
**Author's Country/Territory:** Japan

**Manuscript submission date:** 2021-03-26
**Reviewer chosen by:** AI Technique
**Reviewer accepted review:** 2021-06-22 06:54
**Reviewer performed review:** 2021-06-22 15:30
**Review time:** 8 Hours

| | |
|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[ Y] Grade D: Fair [ ] Grade E: Do not publish |
| **Language quality** | [ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
| **Conclusion** | [ ] Accept (High priority) [ ] Accept (General priority)<br>[ ] Minor revision [ Y] Major revision [ ] Rejection |
| **Re-review** | [ Y] Yes [ ] No |

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|---|---|
| **Peer-reviewer statements** | Peer-Review: [ Y] Anonymous [ ] Onymous<br>Conflicts-of-Interest: [ ] Yes [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

This paper presents an early detection and treatment of PVT after hepatectomy by enhanced CT. As PVT following hepatectomy is potentially life-threatening，it is an interesting topic and worthy of being studied. But the paper needs some improvement before acceptance for publication. My detailed comments are as follows: 1、Just as described in this paper, the occurrence of PVT was reported in the first 5–7 days after hepatectomy. However, this time point was shifted to the first day after surgery, which resulted in the problem of less cases in this study. Moreover, the difficulty of finding microthrombi is the main reason, E-CT might be not sufficient. Besides, blood flow, hypercoagulable state, and endothelial injury are described in this paper as Virchow's triad, can one of these be used as an early PVT predictor? 2、In "METHODS": the follow-up time and follow-up plan are not stated. Dose all patients received hepatectomy had continuous follow-up and no other PVT case have been found? 3、In "METHODS": The plan and basis of anticoagulation treatment are not explained. Anticoagulant efficacy, evaluation criteria are not provided. And pictures of before and after anticoagulation should be provided. 4、"Anatomical resection is the only independent predictor for the occurrence of PVT. Anatomical resection tends to be associated with longer operation time, hepatic clamping time, and wider transection surface." But there is no statistics difference in operation time and hepatic clamping time. The relevant results do not draw conclusions cited above.

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# RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** *World Journal of Hepatology*

**Manuscript NO:** 66372

**Title:** Prospective validation to prevent symptomatic portal vein thrombosis after liver resection

**Provenance and peer review**: Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04015916
**Position:** Editorial Board
**Academic degree:** MD, PhD
**Professional title:** Professor
**Reviewer's Country/Territory:** China
**Author's Country/Territory:** Japan

**Manuscript submission date:** 2021-03-26
**Reviewer chosen by:** Jing-Jie Wang (Online Science Editor)
**Reviewer accepted review:** 2022-03-22 12:26
**Reviewer performed review:** 2022-03-23 13:34
**Review time:** 1 Day and 1 Hour

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|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[ Y] Grade D: Fair [ ] Grade E: Do not publish |
| **Language quality** | [ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing<br>[ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
| **Conclusion** | [ ] Accept (High priority) [ ] Accept (General priority)<br>[ ] Minor revision [ Y] Major revision [ ] Rejection |
| **Peer-reviewer** | Peer-Review: [ Y] Anonymous [ ] Onymous |

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|---|---|
| **statements** | Conflicts-of-Interest: [ ] Yes [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

The incidence of portal vein thrombosis after hepatectomy for hepatocellular carcinoma is extremely low, about 2-4% reported in the literature, and it is likely to occur after right hepatic lobectomy. The number of cases provided in this article is small, and the diagnostic rate of postoperative contrast-enhanced computed tomography (E-CT) examination is also questionable. It is recommended to increase the case data and publish it after further research.