



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 82066

Title: Surgical management of hydatid cyst disease of the liver: An improvement from our previous experience?

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03026587

Position: Peer Reviewer

Academic degree: FRCS, FRCS (Gen Surg), MBChB

Professional title: Senior Lecturer, Surgeon

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Romania

Manuscript submission date: 2022-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-03 18:54

Reviewer performed review: 2022-12-08 23:13

Review time: 5 Days and 4 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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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

This is an interesting study describe an improvement of experience in surgical management of hydatid disease The study indicate that with advancement of skills in laparoscopic surgery even larger cysts of hydatid can be removed this was noted when comparison made to their previous treated patient using laparoscopic approach It is a retrospective study a limitation of such study Main advantage of laparoscopic approach was less wound infection and shorter hospital stay There are a few spelling mistakes and language can be improved



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Peer-review model: Single blind

Reviewer’s code: 06364530

Position: Peer Reviewer

Academic degree: MD

Professional title: Researcher

Reviewer’s Country/Territory: China

Author’s Country/Territory: Romania

Manuscript submission date: 2022-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-04 01:40

Reviewer performed review: 2022-12-10 06:25

Review time: 6 Days and 4 Hours

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
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
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Peer-reviewer statements Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Researchers performed a retrospective study to evaluate the results of the laparoscopic treatment compared to open approach in hydatid cyst disease of the liver. It is interesting with significant clinical importance. However, many deficiencies still need to be modified. Criteria Checklist for New Manuscript Peer-Review 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Reviewer: I think this title is gaudy and need to be clear. The subject of this study should be the comparison between laparoscopic treatment and open approach, not the comparison with previous experience. 2 Abstract. Does the abstract summarize and reflect the work described in the manu-script? Reviewer: Please check whether "10-year" is correct. Is it 12-year study? Besides, other parts also have this issue. Please check. 3 Key words. Do the key words reflect the focus of the manuscript? Reviewer: No. There is no key word. Need be added. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Reviewer: It looks like the second paragraph is not finished. Please add. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Reviewer: There are more serious problems with this part. 1) Please check STROBE statement and add details as much as possible, such as selection criteria of patients included, blind information, the definition of remission, etc. For selection criteria, although research-ers said it should be maintained, they did not maintain selection cri-teria in this manuscript, which is a very important part in clinical tri-als. Results of clinical trials are usually not credible without selection criteria. 2) Researchers indicated MRCP was used for some patients with serious symptoms. However, this step



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might cause selection bias. In another words, patients with relative minder symptoms might be more likely to underwent laparoscopic treatment, which might induce a relative better remission result in laparoscopic group. Please clarify this bias and add factors that affect the remission results, such as liver en-zymes and hydatid elements, in Table 1. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Reviewer: Yes, but still need to be modified. 1) In second sentence of part "Characteristics of the cysts and intraoper-ative parameters". One of "laparoscopic group" need to be deleted. 2) Please add the information of mortality in Table 2. 3) Please give a more detailed description about the finding of cut-off point. In ROC curve, please add P value and AUC. Besides, I think it is better to give the cut-off points of laparoscopic treatment and open approach, respectively. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or rele-vance to clinical practice sufficiently? Reviewer: 1) In paragraph 2, why is there no exclusion criteria? 2) In paragraph 3, researchers indicated mean difference gap of almost 6 years means the tendency that younger patients are more likely to choose laparoscopic treatment. Firstly, 39.87 and 44.36 are both around 40, which cannot reflect the dif-ference of age. Secondly, the gap between 39.87 and 44.36 should be about 4.5. 3) Please add the limitation of this study. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? Reviewer: All tables in manuscript are showed as pictures and not three-line format. Please check. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Reviewer: Yes. 10 Units. Does the



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manuscript meet the requirements of use of SI units? Reviewer: Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Reviewer: Yes. But format need to be checked. For example, in last sentence of first paragraph in part "Introduction". 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Reviewer: Please check STROBE statement. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Reviewer: Researchers uploaded a signature of STROBE statement without a full list of STROBE statement. Please add. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Reviewer: Yes.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript NO: 82066

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Peer-review model: Single blind

Reviewer's code: 06364530

Position: Peer Reviewer

Academic degree: MD

Professional title: Researcher

Reviewer's Country/Territory: China

Author's Country/Territory: Romania

Manuscript submission date: 2022-12-03

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2023-01-20 14:38

Reviewer performed review: 2023-01-21 08:27

Review time: 17 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
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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for researchers' correction. This manuscript has improved a lot, but still need minor revision. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Reviewer: There are more serious problems with this part. 1) Please check STROBE statement and add details as much as possible, such as selection criteria of patients included, blind information, the definition of remission, etc. For selection criteria, although researchers said it should be maintained, they did not maintain selection criteria in this manuscript, which is a very important part in clinical trials. Results of clinical trials are usually not credible without selection criteria. Researchers: We added as many details regarding the strobe statement as well as we completed the checklist in an adequate manner (see number 13). We did have some selection criteria, however, compared with our previous article, that we wrote in 2013, we did not hold cyst size and cyst location as a selection criterion towards laparoscopic approach, because we wanted to highlight that experienced surgeons are able to perform surgeries even in a difficult setting (emphasis on experience). We corrected the methods sections accordingly, and we thank you for the suggestion. Re-reviewer: The objective of this study is to compare the patients' outcomes of laparoscopic treatment and the open approach. Hence, included patients of two types of operations need to be comparable. Of course, experienced surgeons can get severe patients to include, which makes included patients are more comprehensive? If so, it is also needed to be comparable between two groups of patients. I am not clear why researchers emphasize the experience of surgeons. If the basis of included patients cannot be controlled, I think researchers need to address this issue in Discussion section. 2) Researchers indicated MRCP was used for some patients with serious symptoms.



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However, this step might cause selection bias. In another words, patients with relative milder symptoms might be more likely to undergo laparoscopic treatment, which might induce a relative better remission result in laparoscopic group. Please clarify this bias and add factors that affect the remission results, such as liver enzymes and hydatid elements, in Table 1. Researchers: Our database was retrospectively analyzed; therefore, we did not take this fully into consideration. However, as per your suggestion, we had a similar number of cases with preoperative hydatid elements in the CBD, as well as a relatively similar median liver enzyme levels. Therefore, there were no significant preoperative differences between these parameters that can affect remission. We added that into the table as well as in the results sections, and we humbly thank you for the suggestion. We made sure to also add that preoperative MRCP might involve selective bias, which should be ascertained for future studies in this subject. Re-reviewer: Thank you for your correction. Please add unit of value. And please add “We made sure to also add that preoperative MRCP might involve selective bias, which should be ascertained for future studies in this subject.” in Limitation part. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Reviewer: Yes, but still need to be modified. 2) Please add the information of mortality in Table 2. 3) Please give a more detailed description about the finding of cut-off point. In ROC curve, please add P value and AUC. Besides, I think it is better to give the cut-off points of laparoscopic treatment and open approach, respectively. Researchers: 2) We added the mortality in the second table accordingly, despite not encountering any fatalities during surgery or post-op and during the follow-up. 3) The main purpose of determining the cut-off value was to highlight the cyst size from which the risk of having cysto-biliary fistula is higher, disregarding the approach. We added a cut-off value for both treatments; however, the intention was to highlight the recommendation



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for MRCP based on the cyst dimension in order to assess the risk of cystobiliary fistula. In other words, our study suggests that MRCP should be routinely performed in cysts over 6.85 cm, as they pose a significantly higher risk of developing cystobiliary fistulas. Re-reviewer: 2) Thank you for your correction. I think it is more suitable to add the information of mortality in Table 5. 3) Please add the information of cysto-biliary fistula in Table 4. From ROC, we can see the cut-off point of open surgery is higher than laparoscopic surgery, which indicates the risk of cysto-biliary fistula in open surgery might be lower than that of laparoscopic surgery. It would better to compare them in Table 4.