



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84825

Title: Vascular complications of chronic pancreatitis and its management

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03262127

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon

Reviewer's Country/Territory: Russia

Author's Country/Territory: India

Manuscript submission date: 2023-03-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-19 15:24

Reviewer performed review: 2023-04-29 08:14

Review time: 9 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

In general, the article is well written, and my comments are mostly technical in nature. steatorrhea (Abstract) - I think, "malnutrition" is better here. “sinistral portal hypertension” (Page 6) - “sinistral" portal hypertension is better. present as worsening pain abdomen (Page 11) - abdominal pain is better. manged (Page 11) - managed is right. Multidetector CT angiography (CTA) (Page 12) - the abbreviation should be explained at the first appearance in the text. In this case, the first appearance of the term is at the top of the page. Digital subtraction angiography (Figure 4C) (Page 13) - please use the abbreviation only. A simplified approach to the approach (Page 15) - what is it? pseudoaneurysm are not visible (Page 16) - is not visible is right. pancreatitis related (Page 19) - pancreatitis-related is better. chronic pancreatitis (Conclusion, twice) - please use abbreviation only. peri gastric, contrast enhanced (Fig. 2 Legend) - perigastric, contrast-enhanced is right. Some terms in Figure Legends can be used as abbreviations only (CP, DSA). Sakorafos (Table 3) - Sakorafas is right. The list of References must be formatted in strict accordance with the Instructions for Authors. Journal Title abbreviations must be as listed in PubMed! (see Refs. 4, 10, 19, 21, 28, 56, 59,



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70 and so on). Please check them carefully. And finally, I strongly encourage Authors to use the abbreviation pseudoaneurysm (PA). This word is very common in the text, and it is quite long. I think this abbreviation will be very useful to save the length of the article.



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Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-29 14:24

Reviewer performed review: 2023-04-30 14:37

Review time: 1 Day

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments Abstract 1. Please reword the following: Procedure-related bleed is not uncommon in chronic pancreatitis; is usually venous bleed and is mostly managed conservatively. Requires smother transition. Introduction 1. A more formal tone of writing may be appropriate for scientific literature, please avoid description such as “major chunk” Venous complications Pathogenesis 1. Please elaborate or give an example on how or which inflammatory mediators can activate the coagulation system. Clinical Presentation 1. Which type to gastroesophageal varices is more commonly formed, based on Sarin’s classification. Is IGV mor common than GOV in left sided portal hypertension? 2. Why is melena more common in left sided PH, based on our experience, we have received more patients with hemataemesis compared to melena in regular PH patients with varices. Diagnosis 1. What about the performance of EUS on detecting portal vein thrombosis? Does it have a role in clinical settings? Management 1. Is there a role for NSBB? Especially for asymptomatic patients. 2. What is the role for anticoagulation therapy with heparin or LMWH? 3. What is the role for oral anticoagulation therapy such a warfarin or newer drugs such as rivaroxaban or Pradaxa?



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4. How to distinguish between acute or chronic venous thrombosis? Is there a role for EUS, such as ultrasound imaging, doppler blood flow, etc? Arterial Complication Clinical Presentation 1. Please include symptoms for patients without aneurysm bleeding, such as abdominal pain, bloating, or visible abdominal mass etc? Management 1. How does different management compare in terms of outcome? Which type of management approach is more suitable for which type of aneurysm?