

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 78761

**Title:** Disturbed passage of jejunal limb near esophageal hiatus after overlapped esophagojejunostomy following laparoscopic total gastrectomy

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

**Peer-review model:** Single blind

**Reviewer's code:** 02842791

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2022-07-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-31 12:57

**Reviewer performed review:** 2022-08-06 03:51

**Review time:** 5 Days and 14 Hours

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| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><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 Grade E: Do not publish            |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<br><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 checked="" type="checkbox"/> Accept (General priority)<br><input 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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| <b>Peer-reviewer<br/>statements</b> | Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous<br>Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No |
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#### **SPECIFIC COMMENTS TO AUTHORS**

This report summarized unusual disturbed passage through the jejunal limb near the esophageal hiatus that occurred in five patients (2.4%) after purely LTG followed by OEJ. It may provide a certain degree of evidence for other similar patients.

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**Reviewer's code:** 03035888

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

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|--------------------|---|
| Scientific quality | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><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<br><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)<br><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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|-------------------------------------|---|
| <b>Peer-reviewer<br/>statements</b> | Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous |
|                                     | Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No  |

### **SPECIFIC COMMENTS TO AUTHORS**

The authors reported their experiences of unusual disturbed passage of jejunal limb near esophageal hiatus after overlapped esophagojejunostomy. Because this type of reconstruction has become widespread, it is important to clarify the reasons of this unusual complication and to prevent it. While the paper was interesting and well written, there are some criticisms that should be addressed. In page 11 in Discussion, the authors noted that, 'To prevent these conditions, the anastomosis must be fixed firmly around the hiatus; however, fixation always cannot be performed if the remnant esophagus is short. In this case, arrangement of the jejunal limb may help to avoid adhesions between the jejunal limb and the left crus that cause bending.' I understand that this is the key message of this paper. I want to know better in detail about the authors' recommendation how to close the hiatus and fix the jejunal wall to the hiatus. Do you close the hiatus with some stitches, and then fix the jejunal wall nearly circumferentially except for the part of mesentery? Do you recommend nonabsorbable sutures? I want to know better about the one patient who underwent fixation of the jejunal limb around the hiatus to achieve proper positioning in the first operation. Why was this fixation not enough to prevent this complication in that case?