

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 87329

**Title:** Surgical complications after Pancreatic Transplantation: a CT imaging pictorial review

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

**Peer-review model:** Single blind

**Reviewer's code:** 02524651

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-08-03

**Reviewer chosen by:** Geng-Long Liu (Quit 2023)

**Reviewer accepted review:** 2023-09-03 11:47

**Reviewer performed review:** 2023-09-05 13:23

**Review time:** 2 Days and 1 Hour

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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<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 scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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 the manuscript "Surgical complications after Pancreatic Transplantation: a CT imaging pictorial review", the authors illustrate CT findings of surgical-related complications after pancreatic transplantation. provide a short summary of the main techniques of pancreas transplantation. They provide a practical imaging approach to pancreatic transplantation and its complications and provide tips and tricks for the prompt imaging diagnosis on CT. Pancreatic Transplantation is a complex surgical procedure that may lead to complications needing diagnosis by CT. In fact, CT is important especially post surgery. This topic is interesting. 1, graft thrombosis is serious after transplantation. The authors provide graft thrombosis graded on contrast-enhanced CT based on the system proposed by Hakeem. However, the information is not detailed enough. I suggest the authors would show the changes of pancreas volume and CT HU before and after venous thrombosis and arterial thrombosis comparing with no thrombosis. And give systemic typical CT images if possible. 2, Is there any detailed parameters to differentiate graft pancreatitis and thrombosis by CT? 3, Regarding exocrine pancreas drainage, the authors mentioned



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

donor duodenum- recipient ileum and duodenojejunostomy in the main text. In Fig 1, Roux loop was mentioned. I suggest the authors summarize and compare the three kinds of surgical procedure when they describe the surgical techniques. 4, modify the “pancreas transplantation” in SURGICAL TECHNIQUES to “pancreatic transplantation”

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**Reviewer's code:** 04423126

**Position:** Editorial Board

**Academic degree:** FACS

**Professional title:** Chief Doctor, Professor

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

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

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**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-09-28 06:15

**Reviewer performed review:** 2023-09-28 08:16

**Review time:** 2 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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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The present manuscript is very interesting and very specific. In my opinion, a pancreas transplant is unlike any other major surgery. Postoperative complications are also not uncommon and require adequate therapy. I always use MRI for postoperative imaging after pancreas transplantation. I find such a detailed CT diagnosis very novel and interesting. However, I would be concerned about the administration of contrast medium, since these patients usually have kidney failure. For me there are a few important points to clarify: 1. I always do duodenal anastomosis to the jejunum. I never do a Y-Roux anastomosis. When I read the description in the text, this group actually doesn't either. 2. Why CT and not MRI? 3. How does the administration of contrast medium affect kidney function. 4. A short section discussion would be good.