

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 53588

Title: Crucial anatomy and technical cues for laparoscopic transabdominal preperitoneal repair: Advanced manipulation for groin hernias in adults

Reviewer's code: 03669557

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Lecturer, Postdoc, Research Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: Japan

Manuscript submission date: 2019-12-25

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2020-01-13 12:44

Reviewer performed review: 2020-01-13 13:43

Review time: 1 Hour

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 Grade E: Do not publish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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input 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

Good and detailed manuscript, however it is too long and tiring to read. Despite the excellent drafting, the manuscript should be streamlined, references and the use of acronyms should be reduced. Authors should rather insert their own experience. A scientific journal article should not look like a book chapter

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Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 53588

Title: Crucial anatomy and technical cues for laparoscopic transabdominal preperitoneal repair: Advanced manipulation for groin hernias in adults

Reviewer's code: 01047350

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Chief Doctor, Research Assistant Professor, Research Associate, Research Fellow, Surgeon, Surgical Oncologist, Teacher, Teaching Assistant

Reviewer's Country/Territory: Greece

Author's Country/Territory: Japan

Manuscript submission date: 2019-12-25

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2020-02-21 06:56

Reviewer performed review: 2020-02-24 09:46

Review time: 3 Days and 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
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 type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

this a very comprehensive and extensive review concerning the surgical anatomy of the inguinal area and the role of the anatomy in the various techniques that had been developed and applied in IH reconstruction. Title and references are adequate. The main text is well written and the figures very comprehensive with significant educational interest. The language is acceptable. I suggest to revise the abstract in order not to be so literature but more scientific presenting the topic more precisely.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 53588

Title: Crucial anatomy and technical cues for laparoscopic transabdominal preperitoneal repair: Advanced manipulation for groin hernias in adults

Reviewer's code: 02540153

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Attending Doctor, Chief Doctor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2019-12-25

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-02-28 08:01

Reviewer performed review: 2020-03-07 03:13

Review time: 7 Days and 19 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input 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

Not only inguinal hernia repair, any surgery performed by the surgeon should have good anatomical knowledge and technical skills. Laparoscopic surgery and traditional open surgery have their own advantages and disadvantages, and TAPP and TEP have their own characteristics. TAPP has no higher requirements on anatomy than conventional open surgery, and the two have different surgical approaches and require different familiarity with anatomical sites. This article is rich and comprehensive, but not focused. After reading this article, I did not feel that those aspects can improve or change what practices. Here are two examples: 1. In the " COMPARISON OF TAPP AND TEP REPAIRS " paragraph, the following paragraph does not compare TAPP with TEP: "The laparoscopic approach offers the advantages of accurate diagnoses[2,33] , repair of bilateral and recurrent hernias[2] , less postoperative pain[2] , early recovery allowing work and activities[2] , TFR of the PPS[2] , ability to cover obturator hernias[59] , and avoidance of potential injury to the spermatic cord (SC)[2] . The disadvantages of the laparoscopic approach are the need for general anesthesia[2,36,37] , adhering to a learning curve[2] , higher cost[60] , unexpected complications related to abdominal organs[60,61] , adhesion to the mesh[2,61] , unexpected injuries to vessels[2] , prolonged operative time[60] , port-site hernia[2] , and as-yet-unknown long-term outcomes[62] . "

2. In the "POSTOPERATIVE COMPLICATIONS": "Recurrence is a critical issue for general surgeons, and neuropathy may be intractable[82-84] . Postoperative complications include injury of the SC or the vas deferens (VD), which results in refractory pain with burning[85] ; testicular ischemia[86] or atrophy[87] ; bowel obstruction and/or necrosis due to mesh adhesion[61,88] ; vascular injury[89] ; visceral injury[61,88] ; wound infection[86] ; and/or hematoma[86] . Fatal outcomes related to general anesthesia have been documented in rare cases[36,37]. " Just listed a few

complication names, no specific probability of occurrence. In fact, the incidence of complications after laparoscopic inguinal hernia repair and open hernia repair is not high, there are different complications after different surgical methods.