

## PEER-REVIEW REPORT

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

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**Title:** Preemptive endoluminal vacuum therapy after pancreaticoduodenectomy: a case report

**Reviewer's code:** 05117826

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Academic Research, Doctor, Lecturer

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

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

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**Reviewer chosen by:** AI Technique

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<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<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**

The use of EVT may be one of the alternatives to prevent anastomosis dehiscence. However, compared to other methods of anastomosis protection, EVT is a more invasive procedure and therefore has a higher risk of possible complications. Therefore, I have a few questions. 1.Can you describe the possible complications related to EVT, e.g. difficulty in removing the EVT dressing, mucosal bleeding and the possibility of anastomosis rupture during the removal of the drain. Do you think that 125mmHg pressure is not too high for the intestinal mucosa (risk of ischemia). 2.Can you show a photo of the EVT dressing before putting it on. Why didn't you use polyvinyl alcohol foam or PUR foam with drape? Do you have a picture of intraoperative introduction of EVT . 3.Currently, various techniques are used to minimize the risk of anastomosis dehiscence, including assessment of bowel perfusion (Indocyanine green-enhanced fluorescence), Tachosil, fibrin glue coated collagen patch. Do the risk factors such as age, malignancy, fat-substituted pancreas, pancreatic duct size <3 mm, intraoperative transfusion, and preoperative malnutrition justify the use of EVT. Can you tell why EVT has an advantage over other prevention methods. 4. I also suggest to remove Figure 2 because it does not bring key data