



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74486

Title: One-half layer pancreaticojejunostomy with the rear wall of the pancreas reinforced: A valuable anastomosis technique

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00183279

Position: Editorial Board

Academic degree: FRCS (Ed), MD, MS

Professional title: Dean, Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-12-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-01 07:48

Reviewer performed review: 2022-01-05 07:49

Review time: 4 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

Central to the entire subject of Pancreaticoduodenectomy (PD) are postoperative mortality and morbidity. Although operative mortality in patients undergoing PD has decreased, the incidence of postoperative morbidity remains high. Postoperative pancreatic fistula (POPF) is the most common complication, with rates ranging from 5% to 30%. Many methods have been described to decrease the risk of POPF, including the use of drugs, prophylactic pancreatic stenting, and refinements in pancreatic reconstruction techniques. The most commonly used pancreatic reconstruction techniques are pancreaticogastrostomy (PJ) and pancreaticojejunostomy (PJ). Several methods of PJ currently exist, the 2 most common of which are duct-to-mucosa PJ and invagination PJ. Both the PJ's have numerous modifications which claim to decrease in POPF rate. Despite all this POPF, still remains a major challenge for surgeons. No surgical technique gives any advantage in eliminating the risk of pancreatic fistula. The authors have proposed a surgical technical advancement for decreasing the rate of POPF. 62 patients had PD and on retrospective analysis done on two groups (Traditional duct to mucosa PJ versus One half rear wall reinforced PJ), conclusion made favoured the new technique in decreasing the POPF rate as well as hospital stay. The basis of this technical progress is made on the assumption that the leaks occur more posteriorly in the PJ anastomosis. There are several questions: How was randomization of cases done. How do authors support the posterior leak predominance rate. There are several modifications of PJ which seem to be very similar to what authors are describing. The authors need to explore all of them and a clear distinction between them and the one which authors are describing needs to be detailed out and the major differences need to



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be highlighted. Extensive shortening of the text ,especially in the technique section needs to be done. Editing of the English language needs attention.



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Reviewer's code: 05204258

Position: Peer Reviewer

Academic degree: MD

Professional title: Surgeon

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2021-12-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-02 17:03

Reviewer performed review: 2022-01-09 11:19

Review time: 6 Days and 18 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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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

A well-written, retrospective study. As it is known, there are many predisposing factors in the etiology of POPF. It is striking that the patient groups included in the study have similar demographic characteristics. However, it was not stated whether the authors included patients who received preoperative neoadjuvant therapy in this retrospective study they designed. I think that an addition should be made in the article regarding the inclusion or exclusion of this situation. I believe that the value of this anastomosis technique in terms of POPF can be demonstrated more clearly with propensity score matching analysis studies or randomized controlled prospective studies.