

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75624

Title: Approaches to reconstruction of inferior vena cava by ex-vivo liver resection and auto-transplantation in 114 patients with hepatic alveolar echinococcosis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05352593

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Colombia

Author's Country/Territory: China

Manuscript submission date: 2022-02-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-11 13:04

Reviewer performed review: 2022-02-14 16:26

Review time: 3 Days and 3 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 Grade E: Do not publish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 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 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

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for inviting me to read this study. This is a retrospective single-center study that evaluated 114 patients with end-stage hepatic alveolar echinococcosis. As authors claimed this is most frequently found in retrohepatic inferior vena cava. The authors evaluated survival with three Inferior vena cava reconstruction methods with ex-vivo liver resection and auto-transplantation. The groups evaluated were: A (self-suture repairing method), B (replacement method), and C (resection without reconstruction method). They found a lower survival rate in Group C than in groups A and B; however, this difference was not statistically significant. Also, the complications rate was higher in group C. I believe that the findings more important is that these surgical approaches are safe (especially, self-suture repairing method and replacement method). I have some comments:

Abstract:

- The study aim must be clarified to your readers. It is not clear to me.
- Please, state that this is a retrospective study.
- Please, include the statistical test used.
- Include p-value in your findings.

Introduction:

- As above described, the study aim must be improved. I can see that the authors describe some outcomes in their retrospective cohort.

Methods:

- Please, state that this study was described according to STROBE guidelines.
- The authors must describe the variables and outcomes evaluated in their study. this must be described in a separate section.
- The groups evaluated must be described in this section.
- Was a posthoc analysis performed? Bonferroni test?

Results:

- Please, the differences among groups must be reported with a p-value. These must be reported in their manuscript and tables.

Discussion This section must be better structured. First, state main findings; second, describe the relation to previous studies; third, limitations in your study; fourth, describe

future studies that would address potential explications and limitations discussed previously. Finally, describe your conclusion.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 05458826

Position: Editorial Board

Academic degree: MBBS, MS

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-02-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-04-27 14:52

Reviewer performed review: 2022-05-10 16:20

Review time: 13 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
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
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Re-review	<input checked="" 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

i have the following comments to the authors 1.How do authors define end stage AE 2. How did the authors calculated the degree of involvement like 120 degree, was it on pre op assessment or in the OR? 3.Is there any role of using albendazole therapy before surgery, as in this study only 27 patients were given albendazole before surgery 4. Was any venous bypass used in the patients? Its surprising to see that there were no bowel congestion after average of 4-6 hours of anhepatic phase 5. what was incidence of bile duct strictures after surgery in this population 6. were there any recurrences in the patients?