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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 78585

Title: Patients with distal cholangiocarcinoma undergoing pancreaticoduodenectomy after preoperative blood circulation modification in celiac artery occlusion: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06239395

Position: Peer Reviewer

Academic degree: Doctor

Professional title: Associate Professor, Deputy Director

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2022-07-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-15 03:15

Reviewer performed review: 2022-07-17 06:19

Review time: 2 Days and 3 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



Baishideng **Publishing**

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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. This is a good case report, but there are some errors in expression, logic and grammar. (1) The distal cholangiocarcinoma complicated with the celiac axis occlusion can easily lead to upper abdominal organ ischemia or failure if PD is directly treated. Moreover, the celiac axis occlusion is not suitable for revascularization or interventional vasotomy. Therefore, transcatheter coil embolization of IPDA (pancreatic head arterial arch) to increase blood flow through DPA to RHA and SPA is a good treatment plan to avoid ischemic or failure of upper abdominal organs. (2) CT found extrahepatic bile duct wall thickening, lumen stenosis and upstream bile duct dilation, which was suspected as cholangitis or distal cholangiocarcinoma. At the same time, the patient also had a celiac artery (CeA) occlusion due to atherosclerosis. (3) MRCP can't show thickening of the bile duct wall, but can only indicate stricture or dilation of the bile duct. CT or MRI cross-section can show thickening of the bile duct wall. 2. The latest international standards are recommended for the staging of cholangiocarcinoma. 3. In Figure 1 and Figure 4, it is suggested to mark the thickened bile duct wall with arrows so that readers can easily find the lesion location.



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Reviewer's code: 05464606

Position: Editorial Board

Academic degree: MD

Professional title: Professor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Japan

Manuscript submission date: 2022-07-15

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-01 14:57

Reviewer performed review: 2022-09-01 16:53

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. What is the absolute and relative contraindication of this procedure (transcatheter coil embolization of the arterial arcades of the pancreatic head)? 2. What is the best timing for post-procedural CT and angiography to confirm the development of new blood flow? 3. The similarity rate is 19% after checking with the Turnitin system. Please lower the rate.