

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88567

Title: Determining the need for a thoracoscopic approach to treat a giant hiatal hernia when abdominal access is poor

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04105454

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Spain

Manuscript submission date: 2023-09-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-09-29 03:48

Reviewer performed review: 2023-09-29 04:13

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" 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

1 Title reflect the main subject of the manuscript 2 Abstract summarize and reflect the work described in the manuscript 3 Key Words reflect the focus of the manuscript 4 Background adequately describe the background, present status and significance of the study 5 Methods is described adequately 6 Results : not presented well tables not clear table 2 and table 3 not needed please try to present table one in clear way and omit table 2and3 7 Discussion : is too long it can be shortened and concise and become clear 8 self References. noted 9 minimal grammar and spelling mistakes

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00190202

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Editor, Additional Professor, Director, Doctor, Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Spain

Manuscript submission date: 2023-09-28

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-10-26 23:34

Reviewer performed review: 2023-10-29 10:25

Review time: 2 Days and 10 Hours

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	[<input checked="" type="checkbox"/>] Grade A: Excellent [<input type="checkbox"/>] Grade B: Good [<input type="checkbox"/>] Grade C: Fair [<input type="checkbox"/>] Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	[<input checked="" type="checkbox"/>] Grade A: Excellent [<input type="checkbox"/>] Grade B: Good [<input type="checkbox"/>] Grade C: Fair [<input type="checkbox"/>] Grade D: No scientific significance
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 checked="" type="checkbox"/>] Accept (High priority) [<input type="checkbox"/>] Accept (General priority) [<input 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: [<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 treatment of giant hiatal hernia has the risk of many complications and high recurrence rate. At present, laparoscopic repair of hiatal hernia is generally used. Basic procedures are defect closure, fundoplication, and mesh enhancement. Thoracoscopic treatment of hiatal hernia is feasible, depending on the professional background of the surgeon. A good question raised by the authors in this paper is whether a transthoracic approach should be chosen if the laparoscopic approach does not meet the requirements. At the same time, through the measurement of CT coronal scan, the quantitative index is calculated by mathematical formula. Obviously, this article enriches the selection of treatment strategies for hiatal hernia. Data on 112 patients from 2006 to 2020 were collected and divided into three groups. The result is that for patients with giant hiatal hernias, it is essential to conduct a preoperative evaluation of the angle of vision and the working area for surgery. When parts of the intrathoracic sac are inaccessible

laparoscopically, the thoracoscopic approach should be considered. However, due to the large time span, surgical techniques have changed greatly during this time, so there is a gap between early-stage surgical techniques and current surgical techniques in the treatment of patients. In addition, is the skill of the surgeons for these patients homogeneous? The author should mention and discuss it in the article. In view of the novelty of this article, I agree to publish this article in original work.