



## PEER-REVIEW REPORT

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

**Manuscript NO:** 88628

**Title:** Will partial splenic embolization followed by splenectomy increase intraoperative bleeding?

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02985169

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-10-02

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-10-24 06:19

**Reviewer performed review:** 2023-11-02 03:37

**Review time:** 8 Days and 21 Hours

<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 Grade E: Do not publish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>Novelty of this manuscript</b>	<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
<b>Creativity or innovation of this manuscript</b>	<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



<b>Scientific significance of the conclusion in this manuscript</b>	<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
<b>Language quality</b>	<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
<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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

The authors have shared their experience of intra-operative complications in patients with liver cirrhosis, portal hypertension and hypersplenism who underwent pre-operative partial splenic embolization followed by splenectomy and compared this with similar cohort of patients who underwent splenectomy without pre-operative splenic embolization in a retrospective manner from a database. They have also developed a clinical prediction model for intra-operative bleeding. Following are my observations: 1. There are some grammatical errors. At places in the ‘material and methods’ section, the text is written in future tense. Material & methods 1. The duration of study and number of patients mentioned in the ‘Abstract’ and ‘Material and methods’ is different. 2. The unit of platelet counts mentioned is incorrect. 3. Why ‘no record of biochemical leakage’ was considered as a criterion for defining pancreatic fistula? This certainly would have fallaciously increased the incidence of post-operative complications. Discussion: 1. The academic paper from which the fourth paragraph has been cited must be referenced. 2. The duration between embolization and splenectomy from the studies which have concluded potential benefit from embolization should be



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mentioned and discussed in light of the author's contradictory experience and the fact that all patients were operated at least a month after embolization in the present study. Conclusion 1. Conclusion does not match exactly with the research question. It can be made more precise and succinct.