

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 38699

**Title:** Devascularization of the Superior Mesenteric Vein without Reconstruction during Surgery for Retroperitoneal Liposarcoma –A Case Report

**Reviewer's code:** 03665510

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-03-10

**Date reviewed:** 2018-03-15

**Review time:** 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

Miao et al presented an interesting paper. They analyzed the clinical and technical aspects of SMV resection without reconstruction during surgery for a large retroperitoneal tumor (liposarcoma). To the best of my knowledge, this is the first report of the technique applied to the resection of a retroperitoneal tumor. I have some comments to the article. It is not clear whether the authors performed preoperative cytology by FNA or a proper histologic evaluation was carried out through biopsy. The Authors stated that in this case, a preoperative visualization of two SMV collaterals was achieved during the pre-operative workup. This point should be stressed, and the Authors should provide precise preoperative criteria for performing a SMV resection without reconstruction (what type of diagnostic workup should be carried out?). The Authors reported a very rare anatomical variation of the so called Henle's trunk, with a



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CMV connected to the inferior pancreatic trunk (whereas usually the Henle's trunk is constituted by the CMV, the right gastro-epiploic vein and the antero-gradе-superior pancreatic). Could the Authors provide a brief discussion on the normal anatomy and the variations of the Henle's trunk ? The Authors stated that the SMV and the PV must be resected during pancreaticoduodenectomy. This statement could create confusion in the readers, as vein resection is necessary only when the tumor invades the vein, in order to obtain R0 resections. Finally, as the take home message of the manuscript is very strong, Authors should provide a clear statement on when a SMV resection without any reconstruction can be feasible and when (and probably why) this technique should be preferred over a prosthetic reconstruction or a vein transplantation.



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