

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72481

Title: Drain-site hernia after laparoscopic rectal resection: A case report and literature review

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03669557

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Doctor, Lecturer, Postdoc, Research Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-07 12:31

Reviewer performed review: 2021-11-07 13:31

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 Grade E: Do not publish
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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

Manuscript of general interest, however, it is well organized, pleasant to read and contains hints of international literature. The weak points are: 1) Abstract too long; 2) in my opinion, for a case report it is mandatory to add intraoperative images. The references are adequate and quite recent. After these minor changes the manuscript can be accepted.

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Manuscript NO: 72481

Title: Drain-site hernia after laparoscopic rectal resection: A case report and literature review

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04008864

Position: Peer Reviewer

Academic degree: MD

Professional title: Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-10-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-06 18:17

Reviewer performed review: 2021-11-14 22:53

Review time: 8 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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
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SPECIFIC COMMENTS TO AUTHORS

1 Title. Appropriate 2 Abstract. In the abstract it is difficult to understand that the problem is a drain site hernia. It seems that the problem is a 5-mm trocar site hernia. Please explain clearly the problem. 3 Key words. Appropriate 4 Background. Well described 5 Methods. not applicable in this manuscript 6 Results. the case presentation is well performed 7 Discussion. I think that this manuscript is not the first manuscript with this topic. I Think that the Authors must extensively analyse the current literature and explain which is the novelty of this case. 8 Illustrations and tables. the Figure represents clearly the herniation. However, to have a more readable figure, it should be better to put an arrow near the herniation. 9 Biostatistics. Not applicable 10 Units. Not applicable 11 References. appropriate.