

PEER-REVIEW REPORT

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Title: Predictors of irreversible intestinal resection in patients with acute mesenteric venous thrombosis

Reviewer's code: 03647899

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Senior Researcher, Surgeon

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" 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 Grade E: Do not publish
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 type="checkbox"/> No
Peer-reviewer statements	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 retrospectively reviewed their patients on the intestinal stroke center with acute mesenteric venous thrombosis (AMVT), which is a rare disease that is difficult to recognize and has high mortality rates. I congratulate the authors with their high number of patients, which allowed them to evaluate the clinical outcomes of patients after initiation of thrombolysis and describe risk factors for irreversible intestinal ischemia warranting surgery. 1. I'd like to advise the authors to abandon the words 'irreversible intestinal resection' throughout the manuscript and rephrase it into 'irreversible intestinal ischemia leading to resection'. 2. Why do the authors use ASMVT and AMVT? I'd choose one of the terms. 3. please add a ref for the description of your 'endovascular treatment of TT' in M and M. 4. in statistical paragraph: how did the authors check normality? 5. the authors should be aware that local peritonitis is a very subjective sign. I would not put too much weight on this sign in the results and discussion section. 6. in presenting the clinical outcomes and follow-up: what is the exact reason for mortality? 7. which factors did the authors test in their logistic regression (paragraph on predictors for irreversible intestinal resection) and please show these in a table with ORs and 95% CI? 8. please provide sens, spec, LR+, LR- for the markers tested in your AUCs. 9. the last sentences in the paragraph on predictors for irreversible intestinal resection show results on the dynamics of leukocyte count upon TT: was this a goal of the study? I would suggest to incorporate the dynamics of leukocyte count in the logistic regression as predictor for success. 10. Can the authors also perform subgroup analysis of the patients undergoing resection because of necrosis or stenosis? I assume that the patients with necrosis had more acute signs and stenosis presented in later stages. 11. Can the authors speculate on groups comparisons as shown in table 1 and 2 versus the logistic regression: what do the authors think that is

more appropriate to find risk factors?