



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74281

Title: Median arcuate ligament syndrome with retroperitoneal haemorrhage: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04976681

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-12-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-02 11:45

Reviewer performed review: 2022-01-03 04:02

Review time: 16 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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

I am grateful for the opportunity to review a case report of a treated case of MALS, a relatively rare condition. In this case report, Xiaochen Lu et al. describe a case of a ruptured GDA aneurysm resulting from MALS, which was successfully treated with DGA ligation. There are some problems that need to be corrected and are described below. (1) GDA bleeding is unlikely to be immediate intra-abdominal bleeding, and is likely to cause retroperitoneal bleeding first. If it is described as intra-abdominal hemorrhage, it should be shown on CT images, etc. In Fig 1B, the main changes appear to be right perinephric and retroperitoneal hemorrhage. Otherwise, the expression "retroperitoneal hemorrhage" should be used throughout the text and title, for example in P7-L129 and P8-L147. I have not checked all the indexes cited in the text, but citation 1 by Hanaki et al. reports retroperitoneal haemorrhage due to MALS, not intra-abdominal hemorrhage. (2) P7-137 "in the retroperitoneum" may be more appropriate than "after the peritoneum". (3) In P7-L124 to L126, the contents of the text do not seem to match the images. Also, the first figure should be corrected to start from Fig. 1, not Fig. 3. (4) Regarding "Treatment" on P8-L149, there is no mention of the MAL incision. It is somewhat clear from the Discussion that no incision was made, but the reason why no incision was made should be stated here as well. (5) In Figure 4, the mark does not indicate SMA, which looks like an IVC thrombus, but the authors should check the images. Similarly, P8-L147 and L157 should be reconsidered. (6) For P11-L203, what does "CA tumors" mean? (7) In this case, no incision of the MAL seems to have been made, and although the disappearance of the aneurysm was confirmed in the follow-up CT 1 year after the surgery, the readers may be interested in the change in the status of the



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celiac artery stenosis and the patency of artery arcade in the pancreatic head, which should be described. (8) The authors state that it was the GDA that caused the aneurysm in this case. However, in Fig. 2, the aneurysm seems to be located in the middle of the arcade of the pancreatic head artery. In addition to the aneurysm indicated by the yellow arrow, there is also other spindle-shaped aneurysm formation in the vicinity of the SMA. Would it be polite to indicate that there are at least two unusual aneurysm formations in this photograph and could you indicate which aneurysm was the source of the bleeding? Also, can you show what the rationale is for describing the yellow arrow aneurysm as a GDA aneurysm rather than a PDA aneurysm? The MAL results suggest that an aneurysm in the GDA is indeed an uncommon condition, but the fact that the aneurysm disappeared after ligation of the GDA needs to be explained in detail in the Discussion and it is very important to show this. However, it is necessary to explain in detail in the Discussion that the aneurysm disappeared after ligation of the GDA, etc. I think that this is a very important point in terms of novelty.



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Peer-review model: Single blind

Reviewer's code: 03821481

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Attending Doctor, Instructor, Surgeon

Reviewer's Country/Territory: Portugal

Author's Country/Territory: China

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Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-01-16 13:48

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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



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
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SPECIFIC COMMENTS TO AUTHORS

Congratulations on your manuscript. It is an interesting case but bear in mind that in case of PDA aneurysm, celiac axis stenosis is usually the cause (whether from MALS or other). You might want to change some of the discussion regarding this aspect. It's median arcuate ligament syndrome, not medial. Please correct this as the medial ligament is a different structure. Throughout the manuscript, all clinical information and CT images seem to refer to retroperitoneal and not intra-abdominal bleeding. This is a very important distinction. Please change accordingly. Discussion could also be improved, it is a bit confusing and does not illustrate a clear diagnostic work up / treatment plan. You can find more comments in the attached file.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 04976681

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-12-19

Reviewer chosen by: Kai-Le Chang

Reviewer accepted review: 2022-03-16 02:50

Reviewer performed review: 2022-03-16 03:09

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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

ALL CHANGES IN THE MANUSCRIPT SHOULD TO BE SO THAT THE CHANGED PART CAN BE IDENTIFIED. In addition, "We have made the corresponding changes" is not sufficient as a response to an Answer. It should be clear how many lines and which parts were changed or deleted. E.g. Page3 in line 10 "xxxxxxxx" is changed to "yyyyyyyy".