

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 81388

**Title:** Portal Vein Aneurysm – etiology, multimodal imaging and current management

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

**Peer-review model:** Single blind

**Reviewer's code:** 03805961

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor, Instructor, Lecturer

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

**Author's Country/Territory:** Bosnia and Herzegovina

**Manuscript submission date:** 2022-11-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-08 16:54

**Reviewer performed review:** 2022-11-09 14:18

**Review time:** 21 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

## SPECIFIC COMMENTS TO AUTHORS

Thank you for inviting me to review this article. The topic about PVA is interesting and not many articles reviewed about it. Nonetheless, I have some concerns as follow: 1. What in the abstract part should be in the introduction part of main text, and what in core tips should be in the abstract instead. I suggest to rewrite the core tips to demonstrate the learning points from the review. 2. In this review, the authors included only 62 patients in 2015-2022. Why don't the authors included the prior 190 cases in this review altogether? If it is totally separated set of patients, it can't be an updated review, it is just a separate set of patients, and the readers need to go to the detail of the previous review before reading this review, which is not practical. The readers would only get the picture of these 62 patients, not all >250 cases overall as a big picture. Are these 62 patients resemble the prior 190 patients? We need more clarification. 3. In epidemiological characteristics: The incidence of reported PVAs per year is shown in Figure 1. <<< This is not the incidence, it is more of a number of cases reported each year, please refrain from using the word incidence as it is misleading. 4. In Etiopathogenesis, What's the difference between pseudoaneurysm and true aneurysm from trauma? 5. In Clinical assessment of patients with a PVA, symptomatology and complications, Of all the word symptomatology in this review, can be replaced with either clinical manifestation, presentation, or just presenting symptoms. 6. The following statement is confusing, please clarify or rewrite it: "PVA with acute portal vein thrombosis are reported in the literature as nearly always being symptomatic, with 91% of patients reporting abdominal pain, 53% reporting fever and 38% presenting with ascites" 7. in the text "a 69-year-old female with a congenital PVA did not experience any symptoms", It is diagnosed in a 69-year-old patient, how could you define it is a congenital one? 8. in the



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text "Patients with a PVA have a silent laboratory", Does this mean they usually have normal laboratory results? If so, please refrain from using the word 'silent' as it is not easy to understand for readers. 9. Do figure 2a and 2b have a copyright? 10. In the part "Management and treatment of PVA", This part is more of a narration of the treatment in each case, not a concise review. I would preferred reading in the style of a summary according to the categorization of clinical manifeatation e.g., asymptomatic, thrombosis, ruptured, biliopathy, etc. And outcomes following each treatment, it would be more useful for the readers. 11. in the text "While asymptomatic aneurysms smaller than 30 mm can be clinically observed, surgical intervention may be necessary in large asymptomatic aneurysms (>30 mm)", How did the cutoff of 30 mm come from? Is there any report of the harm of >30 mm in size of PVA in the literature? 12. Please consider rereading and possible rewriting the manuscript for more of an academic English. The current writing style and the language are difficult to follow. 13. There is no table 1 provided.

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**Reviewer's code:** 06139999

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**Academic degree:** MD, PhD

**Professional title:** Associate Chief Physician, Associate Professor, Surgeon

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

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<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>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
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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting review and I have got many new knowledge. In this manuscript, the authors reveiw the portal Vein Aneurysm, including its etiology, multimodal imaging and current management. As you descibed, there are many causes for the formation of PV aneurysms. I think the spenic arteriovenous fistula is an important etiology for PV aneurysm. However, only three cases have been included in your 62 cases. There are many other cases which are not included, for example (PMID: 35991484, 34487808, 35850555,34953975, 30092427,30092427, 26522588), and so on. The number of cases would be much larger than 62. I would like to suggest the authors to search and add these cases into your manuscript, which were dignosed with splenic arteriovenous fistula. Because they usually are associated wth PV aneurysm.