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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

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## ESPS Peer-review Report

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

**Ms:** 2716

**Title:** Endovascular pseudoaneurysm repair after distal pancreatectomy with celiac axis resection

**Reviewer code:** 02458567

**Science editor:** j.l.wang@wjgnet.com

**Date sent for review:** 2013-03-12 12:37

**Date reviewed:** 2013-03-27 17:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS

### CONFIDENTIAL COMMENTS TO EDITOR:

This is a very good case-report! I do not have too many reviews for it!

### COMMENTS TO AUTHORS:

Dear author! This is a very interesting case report! Although pseudoaneurysm are reported after distal pancreatectomy more, the treatment method is special and no author have reported similar matter! I think it is a very good report!



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## ESPS Peer-review Report

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

**Ms:** 2716

**Title:** Endovascular pseudoaneurysm repair after distal pancreatectomy with celiac axis resection

**Reviewer code:** 01557283

**Science editor:** j.l.wang@wjgnet.com

**Date sent for review:** 2013-03-12 12:37

**Date reviewed:** 2013-03-28 10:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ Y] Grade B (Very good)	[ Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ Y] Major revision
		[ ] No records	

## COMMENTS

### CONFIDENTIAL COMMENTS TO EDITOR:

This case report is very interesting, but the authors should consider some changes of the manuscript.

### COMMENTS TO AUTHORS:

The authors showed a very interesting case report that a pseudoaneurysm of the CHA stump after DP-CAR was successfully treated with a stent replacement via the IPDA. The case reported seems have very important information, but the authors should consider some changes of the manuscript. Major comments 1. Line 122. After the stent placement, the antegrade blood flow of the CHA was confirmed. How about the portal flow after the treatment? Did not an increase of transaminase occur after the treatment? 2. Line 135. In the Discussion, the authors describe that the arterial flow after DP-CAR is always enough for the preservation of the stomach. However, preoperative coil embolization is recommended in case of inadequate blood flow of the stomach (Hirano, et al). Did not the author perform a preoperative embolization of the common hepatic artery to avoid ischemic gastropathy after DP-CAR? The author should discuss shortly in the Discussion section about the preoperative embolization of the CHA. 3. The authors should discuss the report of the pseudoaneurysm formation after the DP-CAR. For example, Takahashi Y, et al. reported one case (World J Surg 35: 2535-2542; 2011). Minor comments 1. Line 52. Erosive hemorrhage due to pseudoaneurysm is life-threatening rather than pseudoaneurysm itself. 2. Line 57 & 60. The abscess should be abscess. 3. Line 95. The word “neoadjuvant” may be changed to “conversion” if the tumor was determined unresectable. 4. Although the curability was not the main point, how about the resection margin of the specimen, R0 or R1? 5. Line 122. The company name of the stent is shown, but the city and country should be written.