

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6457

Title: Laparoscopic ligation of proximal splenic artery aneurysm with preservation of splenic function: A Case Report

Reviewer code: 00182686

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-22 08:42

Date reviewed: 2013-11-15 05:34

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[] Grade B (Very good)	[] 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	[] Major revision
		[] No records	

COMMENTS TO AUTHORS

Dear Editor-in-Chief, Thank you for inviting me to review the paper: Laparoscopic ligation of proximal splenic artery aneurysm with preservation of splenic function: A Case Report. The authors presented their successful experience of laparoscopic ligation of asymptomatic proximal splenic artery aneurysm in 49-year-old woman. The paper is very well presented with very nice intraoperative figures. Literature is up-to date and in English literature there have been only two previous cases reported. I am suggesting to accept the paper in presented form.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6457

Title: Laparoscopic ligation of proximal splenic artery aneurysm with preservation of splenic function: A Case Report

Reviewer code: 00058511

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-22 08:42

Date reviewed: 2013-12-07 15:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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 TO AUTHORS

It is an interesting rare case report with nice laparoscopic views.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6457

Title: Laparoscopic ligation of proximal splenic artery aneurysm with preservation of splenic function: A Case Report

Reviewer code: 02544377

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-22 08:42

Date reviewed: 2013-12-11 12:12

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

COMMENTS TO AUTHORS

Wei et al. submitted a clinical case report of their successful treatment for proximal splenic artery aneurysm by laparoscopic clipping. As their suggestion, the procedure seems to be a promising alternative for the intra-abdominal aneurysm which is unsuitable or failed for IVR treatment. However, as the technique is sophisticated and severe complication (e.g. massive bleeding) may be concerned, I think IVR is still first treatment for aneurysm even in the reported site. The author should discuss the risk or limitation of the procedure. In addition, this article needs several minor revisions as follows. 1) Operation time and amount of bleeding should be described. 2) Were there any symptoms of pancreatic ischemia after the surgery? 3) The information of patient's ID and date of examination is distinguishable on the figures. They must be eliminated.