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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10734

Title: Pure laparoscopic hepatectomy for the patients with upper abdominal surgical history and repeat hepatectomy

Reviewer code: 00003397

Science editor: Yuan Qi

Date sent for review: 2014-04-17 02:43

Date reviewed: 2014-04-23 20:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> [] Existing	<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	<input type="checkbox"/> [] Grade D: Rejected	BPG Search:	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E: Poor		<input type="checkbox"/> [] Existing	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] No records	

COMMENTS TO AUTHORS

The authors assessed the clinical outcomes of laparoscopic hepatectomy (LH) in patients with a history of upper abdominal surgery or with prior hepatectomy. Of 80 pure LH, 22 patients underwent LH after previous upper abdominal surgery and 12 patients underwent for repeat hepatectomy. This study conclusively demonstrated that pure LH in patients with a history of upper abdominal surgery is feasible and safe in selected patients.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10734

Title: Pure laparoscopic hepatectomy for the patients with upper abdominal surgical history and repeat hepatectomy

Reviewer code: 00071753

Science editor: Yuan Qi

Date sent for review: 2014-04-17 02:43

Date reviewed: 2014-05-29 06:46

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. The title is confused and long. 2. The abstract is too long and the results enclose a bad presentation, difficult to understand. 3. The number of cases (22) of the core of the manuscript is small and the diagnosis heterogeneous. A better description of the cases should be provided in order to show the characterization of the patients, including, time of the disease, methods of diagnosis including image finds, tumor blood markers etc. Maybe a table could help. 4. A better description of surgical strategies should be provided as if they performed intra-operative ultrasound exam, the rate of tumor size and strategies for pedicle assessment like conventional or posterior approach as recently described. There were no schedules for the surgical approaches, neither some picture from the surgeries. 5. The results have a scanty presentation with ugly and inefficient tables. 6. In discussion sections the authors mostly repeat their results and do not opportunely confront their results with that from the current literature.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10734

Title: Pure laparoscopic hepatectomy for the patients with upper abdominal surgical history and repeat hepatectomy

Reviewer code: 00182276

Science editor: Yuan Qi

Date sent for review: 2014-04-17 02:43

Date reviewed: 2014-07-09 20:07

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Congratulations to the brave surgical interventions! Reading just the text is ok, but overview the data of tables, maybe this habit is not refundable, like 254 postoperative hospital days stay. In this manner I suggest conventional intervention. That is true that in certain and selected cases laparoscopy is safe. But this article should be supplemented with criteria for conversion to open surgery. Minor revision is advised in data of tables, eg table 2 CLD+/- 7+9 is more than 12, also typewriting is lazy in tables...

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 10734

Title: Pure laparoscopic hepatectomy for the patients with upper abdominal surgical history and repeat hepatectomy

Reviewer code: 00182548

Science editor: Yuan Qi

Date sent for review: 2014-04-17 02:43

Date reviewed: 2014-07-21 01:28

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Peer review on the article entitled Pure laparoscopic hepatectomy for the patients with upper abdominal surgical history and repeat hepatectomy. The article is useful for surgeons, gastroenterologists, and oncologists. It is good that the medical world knows that experienced practitioners can perform laparoscopic hepatectomies in patients with previous abdominal surgeries and even with partial prior hepatectomy. The number of analyzed patients is enough to allow a statistical analysis and to draw conclusions. The surgical technique, the results and the statistical analysis are well presented. The discussion could also include more recent references. There are numerous errors of expression and grammatical mistakes (for example: gastrectomy, symptoms, a abdominal, vasucular, laproscopic, sectorectomy, etc), that need to be corrected. After the achievement of indicated corrections and additions, I suggest that the article can be published.