

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 77421

Title: Successful treatment of acute symptomatic extensive portal venous system thrombosis by 7-day systemic thrombolysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06205768

Position: Editorial Board

Academic degree: BCPS, MSc

Professional title: Chief Pharmacist

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

Manuscript submission date: 2022-04-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-01 07:28

Reviewer performed review: 2022-05-05 11:42

Review time: 4 Days and 4 Hours

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Good manuscript, .very organized with an interesting topic. there are a few comments and questions below : mentioning a specific date of admission with diagnoses may lead to pt identification; please change it to Day1 of admission as an example Please mention which department is our department. Please comment on the abnormal data like d dimer and antithrombin three and their correlation with thrombosis. What is the patient's risk factor that makes him at high risk of thrombosis? more details are needed for the enoxaparin dose calculation for example, pt weight, and did you consider Anti Xa in evaluating enoxaparin efficacy? Which regimen did you consider for Urokinase that made him effective treatment for your patient? For example, How many units per KG per hr?

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03260869

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Doctor, Full Professor, Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-04-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-06 01:20

Reviewer performed review: 2022-05-15 09:42

Review time: 9 Days and 8 Hours

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
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	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

1-In Abstract: "Herein, we reported a 56-year-old male non-cirrhotic patient with acute symptomatic extensive PVST who obtained portal vein recanalization after systemic thrombolysis combined with anticoagulation." But when we come to the case itself, the authors mention: "After 5-month anticoagulation with rivaroxaban, contrast-enhanced CT scans showed that SMV and SV became patent with cavernous transformation of the portal vein". If the portal vein was replaced by cavernoma, then it was not recanalized.

2- Figure 1 is not clear enough, and there is no clue to 1A, 1B, 1C and 1D. 3- Did the authors check if the patient developed esophageal varices, whether acutely at the onset or 5 months later, when his portal vein was replaced by a cavernoma?