



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 82246

Title: Ligamentum teres hepatis as a graft for portal and/or superior mesenteric vein reconstruction: from bench to bedside

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05322119

Position: Peer Reviewer

Academic degree: FACS, MD

Professional title: Surgical Oncologist

Reviewer's Country/Territory: Peru

Author's Country/Territory: China

Manuscript submission date: 2022-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-12 13:51

Reviewer performed review: 2022-12-21 13:07

Review time: 8 Days and 23 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 Grade E: Do not publish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 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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. It has a good quality and provides an insightful description of an interesting graft for pv/smv reconstruction after PD. Kindly find my questions below: 1. In the manuscript, many continuous variables are reported as means with standard deviation. I suggest as this is a small study to report medians and interquartile ranges. 2. In the mortality section, two cases are reported. I consider that the exact causes should be addressed for each patient. 3. How many pancreaticoduodenectomies are performed in your center, and what is the rate of vascular resections? Of them, how many patients represent your cohort? 4. What criteria did you use to state a moderate stenosis? 5. What does "t" represent in table 2? 6. How do you decide if a patient requires pv/smv resection? Again I consider the paper relevant and I want to commend the authors for their interesting work. Kind regards.



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Position: Editorial Board

Academic degree: FRCS (Ed), MD, MS

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Reviewer's Country/Territory: India

Author's Country/Territory: China

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Reviewer performed review: 2023-01-08 10:30

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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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Surgeons have gradually pushed the boundaries in surgical resection thanks to the advancements in oncology and critical care. With the advancement of vascular anastomosis techniques in recent years, radical surgery for tumors combined with venous vascular resection and reconstruction has been widely used . For vascular replacement materials that can be used for reconstruction are autologous veins, parietal peritoneum, also falciform ligament, artificial blood vessels and allogeneic blood vesselsS . Autologous vessels are less used than the Allogeneic grafts who have the advantages of avalibility, good matching of caliber, and ideal histocompatibility. This study has been performed for evaluating PV/SMV reconstruction using autologous ligamentum teres hepatis graft in pancreaticobiliary malignancy patients Twenty-six patients have undergone Pancreaticoduodenectomy combined with PV and/or SMV resection and reconstruction using recanalized ligamentum teres hepatis graft and the conclusion drawn is: That ligamentum teres hepatis graft can be used as an autologous graft for PV and/or SMV reconstruction in pancreaticobiliary malignancy patients who require PV and/or SMV resection. The overall morbidity and mortality



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rates were 38.46% and 7.69%, respectively. There were no graft-related complications. Graft stenosis rates at two weeks, one month, three months and one year were 7.69%, 11.54%, 15.38%, and 19.23%, respectively. Although a good effort by the authors, it is a small series and the conclusion drawn is well known. There seems to be no unique message. The Indications, technique and the outcome has been well studied. I suggest the authors to carry on the study and come out with a power statement.