

## PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 85332

Title: Donor hepatic artery reconstruction based on human embryology: a case report of

a new operation procedure

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

**Reviewer's code:** 02734287 **Position:** Editorial Board

Academic degree: FEBS, MD, PhD

**Professional title:** Assistant Professor, Surgeon

Reviewer's Country/Territory: Croatia

Author's Country/Territory: China

**Manuscript submission date:** 2023-05-02

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-14 08:21

Reviewer performed review: 2023-06-15 21:11

**Review time:** 1 Day and 12 Hours

	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C:
Scientific quality	Good
	[ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair
this manuscript	[ ] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

I generally support the publication of this report. However, I believe that this is a topic with more relevance for the surgical community and I would suggest publication in one of the surgical journals (e.g. WJGS). This is an interesting report describing a technique of back table dissection of the hepatic artery after liver procurement from a deceased donor. The specifics of the technique mainly involves the positioning of the liver and its vascular structures during graft preparation for implantation. While there is no technique that can supplant sound knowledge of liver's vascular anatomy and meticulous dissection during back table preparation, there is always value in new approaches that can help the surgeons minimize the risk of vascular injury.



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Reviewer's code: 03547288 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2023-05-02

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-05-29 16:47

Reviewer performed review: 2023-06-15 21:12

**Review time:** 17 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good
- 1	[ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation



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## SPECIFIC COMMENTS TO AUTHORS

The manuscript does not elaborate on the arterial anastomoses done at the time of implantation - how many arterial anastomoses was done at the time of implantation and whether there was any need to anastomose any one of the accessory arteries. After the implantation of the main hepatic artery proper if there was good pulsatile backflow in the accessory arteries then the accessory arteries are insignificant. However the methodology of identifying the accessory arteries during back-benching may significantly decrease the chances of injury and/or missing of a significant accessory artery. After reading the manuscript it seems evident that the liver allograft had three arteries: proper hepatic artery, accessory right hepatic artery and accessory left hepatic artery. The manuscript does not elaborate on the arterial anastomoses done at the time of implantation - how many arterial anastomoses was done at the time of implantation / whether there was any need to anastomose any one of the accessory arteries.