PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 89178

Title: Successful splenic artery embolization in a patient with Behçet's syndrome-associated splenic rupture: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02591939

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2023-10-23

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-09 05:06

Reviewer performed review: 2023-12-15 01:47

Review time: 5 Days and 20 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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 this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] 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) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors described a case of Behçet's syndrome (BS)-associated splenic rupture treated with splenic artery embolization (SAE) successfully. Although the manuscript presented a new treatment option for BS, the introduction and the image procedures for SAE were simple and inadequate. The discussion of the manuscript should be revised for readability.

Scientific quality	[ ] Grade A: Excellent　[ ] Grade B: Very good　[Y] Grade C: Good [ ] Grade D: Fair　[ ] Grade E: Do not publish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 this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] 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	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] 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 consider this a rare case that is worthy of publication as a case report, but I judged it to be a major revise because I consider it necessary to revise some part of the article, such as the part of "Discussion" of the case. I discuss the problems below. Major point P6 L22 I think that the most important question raised by this case report is whether the splenic rupture is related to Behcet's disease" Angiography was performed, but there are no obvious hemorrhage-causing changes in the splenic artery or splenic vein. Therefore, it is necessary to clarify the cause of the splenic rupture. For example, is it triggered by the vasculitis of microvasculature seen in Behcet's disease? Or is there no relation between Behcet's disease and the splenic rupture in this case? If you believe that there is a causal relationship between the pathophysiology of Behcet's disease and the splenic rupture in this case, please address your argument in the Discussion section. Minor point • P4 L17: Since this is a case of splenic rupture, it should be mentioned whether or not there is a

history of trauma immediately prior to the onset of the disease. • P5 L6, L9: The unit for hemoglobin is typically g/dL. If you are using g/L, please specify this. • P5 L16: Please clarify when the postoperative angiogram was performed. Was it done immediately after the CT scan? What was the reason for the angiogram? • P5 L20: Please provide a contrast CT image that shows the subcapsular hematoma. • P6 L10: The treatment of embolization with angiography should be described in the Case Presentation section, not in the Discussion section. For example, you could include this information in the Image Evaluation section of 7).