

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Surgery

**ESPS Manuscript NO:** 6347

**Title:** IMPLICATIONS OF THE PRESENCE OF AN ABERRANT RIGHT HEPATIC ARTERY IN PATIENTS UNDERGOING PANCREATICOUDODENECTOMY

**Reviewer code:** 00058443

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-10-14 11:53

**Date reviewed:** 2013-11-04 23:24

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Comparing tumor staging, especially lymph node status is important to achieve oncological concern. ( and do the statistical analysis under exclusion of ampullary adenocarcinoma) 4. Is that acceptable to perform pancreaticoduodenectomy in patients with ASA class IV?

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**Reviewer code:** 00227458

**Science editor:** Cui, Xue-Mei

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**Date reviewed:** 2013-11-24 01:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This is an original article that analyzed 225 patients that authors performed pancreaticoduodenectomy during the last 5 years. The content is interesting and it implies that aberrant right hepatic artery can be handled with no adverse consequence when treated in high volume centers. I recommend some revision for this paper to be considered for publication in World Journal of Gastrointestinal Surgery. Overall, there is very limited introduction/discussion on previous studies. This manuscript needs more introduction on previously published studies so that the readers can understand what is believed as of now, and what new findings this paper is reporting. Of note, not all readers of WJGS are familiar with this topic. Along the same line, the authors stress the problem of aRHA in the first paragraph of Discussion section, however, they report that was not the case in this current study. The authors stress the importance of recognition of aRHA by preoperative imaging, however, there is absolutely no data to back up the argument. In order to make that statement, the authors need to at least discuss the difference between the previous studies and their own series, and/or provide data on the difference in operative time or complication between the cases that aRHA were detected preoperatively vs. intraoperatively. The title of a paper should reflect its message. I recommend the authors to re-write the title to reflect its message. One example may be "Aberrant right hepatic artery in patients undergoing pancreaticoduodenectomy can increase operative complexity but does not negatively affect the safety". The Conclusion section need to be re-written. The first sentence states that "An aRHA is common phenomenon during PD". 19% is not "common", and this statement is duplicative to the very first sentence of the abstract and the first statement in a paper cannot be one of its conclusion. Consider



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re-phrasing, such as “aRHA was found in one fifth of our cases”. Further, it is recommended to review the previous reports on the frequency. Is the cases more or less than previous reports? Along the same line, comparisons with previous reports are necessary to make the arguments on the feasibility of preservations and outcomes. I recommend that the conclusion section in the end should echo the conclusion in the abstract. Many of the statements in the conclusion section are as matter of fact recommendations, which should be described prior to the conclusion. In order to add them in the conclusion, the authors need to analyze the difference in two groups with and without preoperative recognition of the vessels etc. Delete the word “cases” from 1st sentence of Result section.