

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 13807

Title: Rerupture of a splenic artery aneurysm, associated with segmental arterial mediolysis after transcatheter arterial embolization and successfully managed by laparotomy: Report of a case

Reviewer's code: 00186781

Reviewer's country: Afghanistan

Science editor: Xue-Mei Gong

Date sent for review: 2014-09-04 08:33

Date reviewed: 2015-01-28 18:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

From the anamnesis of the patient there is no information why the patient was investigated 2 weeks ago. What kind of renal infraction the patient was admitted for 3 days ago? There are scarce data in the text regarding the postoperative complication pancreatic fistula and the results of its treatment. More detailed information is missing how you dealt with the aneurysms in common hepatic, left gastric, gastroduodenal, left renal, and both internal iliac arteries.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

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Title: Rerupture of a splenic artery aneurysm, associated with segmental arterial mediolysis after transcatheter arterial embolization and successfully managed by laparotomy: Report of a case

Reviewer's code: 02445561

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2014-09-04 08:33

Date reviewed: 2015-01-24 03:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Good management of an unusual situation.

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Title: Rerupture of a splenic artery aneurysm, associated with segmental arterial mediolysis after transcatheter arterial embolization and successfully managed by laparotomy: Report of a case

Reviewer's code: 01559576

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2014-09-04 08:33

Date reviewed: 2015-01-25 20:03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Major It is unclear what the authors intended to present in this case report. Are the new findings uncommon recurrent rupture or the successful surgical treatment? If the former, the authors should discuss why their first intervention failed, and if the latter, the authors should provide literature review more deeply. **Minor** Infraction should be infarction? The level of CT scan presented in Fig 1b is not the same as that of Fig 1a, because cranial part of the right kidney seen in Fig 1b is not seen in Fig 1a. Six SAAs should be numbered in the corresponding photos. Arrows indicating the splenic, left gastric, and common hepatic arteries should be inserted. In addition, Fig 1c should be resubmitted, to show the splenic, left gastric, and common hepatic arteries more clearly at post-embolization. Each structure of ruptured aneurysm should be labeled in Figs 3a and 3b. The agents used in TAE should be described. If the agents are radiologically seen, the photos in which aneurysm was successfully embolized should be provided.



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Title: Rerupture of a splenic artery aneurysm, associated with segmental arterial mediolysis after transcatheter arterial embolization and successfully managed by laparotomy: Report of a case

Reviewer’s code: 01588974

Reviewer’s country: Afghanistan

Science editor: Xue-Mei Gong

Date sent for review: 2014-09-04 08:33

Date reviewed: 2014-12-26 12:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a case report of 44-year-old man with ruptured splenic aneurysm caused by segmental arterial mediolysis (SAM). Interestingly, this patient had received abdominal CT scan 2 weeks before he was diagnosed as having splenic artery aneurysm. There was no aneurysm found at the same region 2 weeks before. Therefore, it seems that the aneurysm had developed within 2weeks. Unfortunately, the aneurysm ruptured 2 weeks after the management by TAE, however, the emergency operation saved his life. In conclusion, authors suggested it necessary to pursue closely following TAE since rapid enlargement of aneurysm and rupture may occur when it is associated with SAM. I enjoy reading this report.



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Title: Rerupture of a splenic artery aneurysm, associated with segmental arterial mediolysis after transcatheter arterial embolization and successfully managed by laparotomy: Report of a case

Reviewer's code: 02445547

Reviewer's country: Singapore

Science editor: Xue-Mei Gong

Date sent for review: 2014-09-04 08:33

Date reviewed: 2014-12-27 16:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	[Y] No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear Authors There are many important features missing in your reporting of case. The english language editing service doesnt take care of medical language and the manuscript itself still needs much improvement. The two most important issue with regards to your case are: (a) diagnosis of left renal infarction (b) what happened in 2 weeks after initial TAE Many soft issues also need to be clarified to readers of case. I have commented them along the manuscript.



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http://www.wjgnet.com

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Title: Rerupture of a splenic artery aneurysm, associated with segmental arterial mediolysis after transcatheter arterial embolization and successfully managed by laparotomy: Report of a case

Reviewer's code: 02839978

Reviewer's country: Italy

Science editor: Xue-Mei Gong

Date sent for review: 2014-09-04 08:33

Date reviewed: 2015-01-23 19:18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors report the case of a patient affected by SAM who developed complicated splenic artery aneurysm. This is a nice and interesting case report of a rare and possibly dangerous disorder. The paper is well written and easy to follow. Figures have good quality and they are appropriate. It can be considered for publication.