



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 39962

Title: Stepwise evaluation of liver sectors and liver segments by endoscopic ultrasound

Reviewer's code: 03706560

Reviewer's country: Brazil

Science editor: Fang-Fang Ji

Date sent for review: 2018-05-25

Date reviewed: 2018-05-30

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

First of all, I congratulate the authors for the excellent study. I really enjoyed reviewing this manuscript. This is a manuscript that shows the stepwise evaluation of liver sectors and liver segments by endoscopic ultrasound in a clear and educational way. If accepted for publication, it will certainly be widely used by therapeutic endoscopists and



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especially by fellows and residents. The study looks like a book chapter, full of figures and tables, making it easier to understand. I really liked the manuscript, but as a reviewer I have some comments: - In the title I would put the word tutorial, because it will cause greater impact to the study. - I suggest the authors to add some keywords such as therapeutic endoscopic and diagnosis. - The study is almost like a book chapter, teaching the step by step evaluation of the liver by endoscopic ultrasound. I suggest as much as possible to summarize the content of the manuscript. For example: Table 1 has the same information as Figure 1 and can be taken from the text. - The tables and illustrations are perfect. However, because it is a manuscript and not a book chapter, they should be reduced. As already mentioned I would remove table 1, and beyond it I would try to gather the information of other figures to reduce the size of the manuscript, as for example, would turn figures 2b, 2c and 2d into only one figure. - Regarding the references, the manuscript has a lot of self-cite such as numbers: 9,10,11,12,13 and 14. This number represents 35% of the references, making it unacceptable. I believe that after the review of those points your study has great potential to be published.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 39962

Title: Stepwise evaluation of liver sectors and liver segments by endoscopic ultrasound

Reviewer's code: 02995354

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2018-05-25

Date reviewed: 2018-06-03

Review time: 9 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. You may include a graphical illustration of anatomy showing the relationship of caudate lobe with surrounding liver segments and other structures (IVC, ligamentum venosum, hepatic veins etc). Although u have included EUS images for showing these relationships, but I think understanding the actual anatomy is very important before



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analysing EUS images. This will help the readers to understand the EUS imaging from both lower esophagus/stomach and duodenal bulb. As u rightly made the point that caudate lobe is a 2-way window from both these stations, hence understanding the relationships of caudate lobe is really very important in EUS evaluation of liver segmentation... 2. Please discuss briefly how will u differentiate between the umbilical part and transverse part of LPV on EUS. 3. The figures and ligands contain lot of mistakes. Please make the following changes: a. Figure 5c: Both sides of ligamentum teres should be segment IVb. Please note that longitudinally, LHV (rather than ligamentum teres and ligamentum venosum) divides the left medial (segment IV) and left lateral (segment II & III) segments b. Figures 6d, 7a, 7b, 7c, 7d and their legends don't match each other. This needs to be corrected. c. Figure 7c: You are providing an EUS view from lower esophagus/proximal stomach across the IVC and MHV. Please note that the cranial part of liver shown in this image is abutting the diaphragm. It is segment VIII (and not segment V, as u have labelled) d. There are no figures provided for legends 8d and 12d. e. Figures 9c & 9d: Their legends are inter-changed and need to be corrected f. Legend to Figure 11d: ligamentum venosum divides the left "medial" segment (and not the left lateral segment) from the caudate lobe. (In fact, the plane passing through left lateral segments, ligamentum venosum and caudate lobe is not seen on EUS; it is only seen on transabdominal USG). g. Legend 12c and Fig 12c: CT and abdominal USG images are not provided h. Legend to Fig 14b: ...while imaging from lower end of esophagus, the left "lateral" (and not left medial) segment is closer.... 4. Table 5: The left branch of portal vein supplies the "left" liver (and not the right liver)

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 39962

Title: Stepwise evaluation of liver sectors and liver segments by endoscopic ultrasound

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Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a very well written detailed review on use of endoscopic ultrasound for identifying different liver sectors and segments. It is a timely manuscript and will be useful to endosonographers for planning diagnoses and therapeutic procedures on liver.



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