



PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 74036

Title: Portal vein-variceal anastomosis for portal vein inflow reconstruction in orthotopic liver transplantation: A case report and review of literature

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05458826

Position: Editorial Board

Academic degree: MBBS, MS

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Israel

Manuscript submission date: 2021-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-13 17:43

Reviewer performed review: 2021-12-13 18:01

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors described a case of alternate portal vein inflow. i would like to congratulate the authors on doing this interesting case. These type of portal inflows via collaterals have been described in literature and are not the ideal but sometimes only option. These are good skills to have with you once a surgeon is starting his/her career in liver transplant. it would be interesting to see the long term follow up on these recipients



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Reviewer's code: 02959015

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Israel

Manuscript submission date: 2021-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-12 18:55

Reviewer performed review: 2021-12-15 21:03

Review time: 3 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

The authors present a clinical case of a patient with liver cirrhosis following a schistosomiasis with portal thrombosis extended to the superior mesenteric vein with cavernomatous transformation and severe portae hypertension, MELD 23. The patient undergoes orthotopic liver transplant with piggyback venous outflow reconstruction and a portal vein-left gastric varix anastomosis for portal inflow I suggest to enrich the description of the clinical case to let the reader better understand the patient's history and clinical condition. It is in fact a case report of a post-infection of Schistosomiasis cirrhosis, a pathology little known in most Western countries and some readers may be interested in learning more about the patient's history and the diagnostic process of the etiology and if there are any particular preventive therapeutic interventions for liver transplantation. Case report When has cirrhosis been diagnosed with portal hypertension? Was an esophagofastroduodenoscopy performed? Were there any varices or endoscopic signs of portal hypertension? When and how has the etiological diagnosis of Schistosomiasis been made? Had the patient practiced a specific treatment in the past for the infection? Did the infectious disease still have a state of activity? How was the activity of Schistosomiasis excluded or confirmed? It is useful to report a table with the patient's main laboratory data (blood count, liver and kidney function tests, etc.). The size of the spleen should also be reported. Discussion It seems necessary that the authors under discussion are much more detailed in reporting the literature data. It is useful that they report the success rates of the portal venous inflow reconstruction techniques.. Are there any special precautions to be taken against Schistosomiasis in liver transplant patients?



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