



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 98825

**Title:** Enhancing outcomes in severe lymphedema through combined treatment strategies

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 08342459

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** N/A

**Reviewer's Country/Territory:** Croatia

**Author's Country/Territory:** Canada

**Manuscript submission date:** 2024-07-06

**Reviewer chosen by:** Hong-Xin Jiang

**Reviewer accepted review:** 2024-10-31 11:23

**Reviewer performed review:** 2024-11-03 10:12

**Review time:** 2 Days and 22 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Title and abstract: The title is appropriate for the content of the manuscript and gives an idea of the fundamental concept the authors will discuss (namely, lymphovenous anastomosis [LVA] and complex decongestive therapy [CDT] for severe lymphedema). The abstract is simple and concise. The abstract provides a clear overview of the case report, summarizing the patient's outcomes and the implications of the combined therapeutic approach. Yet, it would improve the discussion to mention the limitations (discussed later in a manuscript) and add some balance. Introduction and Background: The authors provide a short background regarding treatment of lymphedema, describe the difficulties with late-stage lymphedema treatment and standard therapeutic options. It nicely sets the background for the case report and explains why LVA and CDT could be a less invasive surgical approach instead of more invasive surgical techniques. This context could be improved by including more recent references on advancements of lymphedema treatment. Case Presentation and Methods: A case presentation describing the patient's clinical history, treatment course, and clinical outcome is given. Use of a staged surgical approach adjunctive with ongoing CDT is indicative of an established



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protocol consistent with patient-centered management strategy. The methodology is sound, but further specifics on LVA techniques and the CDT details (e.g., frequency/type of manual lymphatic drainage, compression therapy parameters) performed would strengthen the case report. This type of specificity is critical for reproducibility, and could help practitioners to incorporate similar approaches. Results and discussion: The results do speak for themselves, especially with the limb circumference reduction and functional improvements that the patient experienced. The authors do an excellent job of providing context of these results based on the current literature and detailed strengths and weaknesses of LVA and CDT. They touch an important issue about the limitations of the reductive techniques and the possible sustainable outcomes that LVA and CDT might accomplish in more extreme instances of lymphedema. Limited follow-up at 6 months in most of the studies studied might offer an opportunity for further discussion of the durability of these outcomes in the long term. Furthermore, a more appropriate comparator would be patients who undergo reductive procedures that would provide additional context on the relative effectiveness of LVA/CDT vs surgical approaches. What is Known: The review outlines the strengths of a staged approach and its role with respect to minimally invasive procedures. It appropriately recognizes some of the limitations – especially the need for longer-term follow-up data and lack of specific CDT details. Nonetheless, the limitations section would benefit from a short mention of how certain variables (e.g., adherence to CDT, changes in BMI during treatment, and pre-existing comorbidities) might affect treatment outcomes. Overall conclusion: The conclusion briefly rounds out the main points of the manuscript while emphasizing the importance of future work to optimize treatment protocols as described in the manuscript. The authors emphasize that treatment for severe lymphedema is a multisided challenge and that the paradigm shift needs to happen from radical surgical modality to less invasive but potentially effective treatment



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modalities. Recommendation: This case report sheds light on the combined approach with LVA & CDT in severe lymphedema, presenting an option to traditional reductive techniques. The quality of the methodology is good but significantly better could have been achieved with a few details mentioned above which would enhance its replicability and impact on clinical practice. With minor revisions, this case report would make a meaningful contribution to the literature on lymphedema treatment.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Professional title:** N/A

**Reviewer's Country/Territory:** Croatia

**Author's Country/Territory:** Canada

**Manuscript submission date:** 2024-07-06

**Reviewer chosen by:** Yu-Fei Wei

**Reviewer accepted review:** 2024-11-20 15:58

**Reviewer performed review:** 2024-11-20 16:48

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

I appreciate receiving the revised manuscript. No further comments or changes on my side, the manuscript can be published now in my opinion. Thank you for giving me the chance to read this paper.