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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14235

**Title:** Partial Splenectomy Using a Laparoscopic Bipolar Radiofrequency Device: A Case Report

**Reviewer code:** 02730494

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-09-28 15:36

**Date reviewed:** 2014-10-08 02:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Congratulation. An interesting short case study presenting recent progress in laparoscopic partial splenectomy. A technically difficult procedure lasted 170 minutes and did not require blood transfusion. In my opinion, the case study should be widely presented.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14235

Title: Partial Splenectomy Using a Laparoscopic Bipolar Radiofrequency Device: A Case Report

Reviewer code: 02549473

Science editor: Su-Xin Gou

Date sent for review: 2014-09-28 15:36

Date reviewed: 2014-10-22 13:58

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Technically the case is indeed interesting. There are, however, some points that require clarification. 1) During the workup, authors claimed... "the mass was not an angioma or metastatic tumor" and "MRI findings were suggestive of a splenic cyst". Since the lesion was rather small, with little chances of complications such as hemorrhage/rupture, please make it clear what was the indication for the splenectomy. Was it just the upper abdominal discomfort? 2) On the other hand, In the discussion section authors state that they could not diagnose the lymphangioma preoperatively because the imaging features were not typical and, therefore, they could not differentiate it from a metastatic tumor. 3) If among the differential diagnoses was a metastatic tumor, what was the rationale for not having performed the partial splenectomy with intraoperative frozen pathologic examination. I encourage the authors to clarify the above comments and/or provide the supporting references. Other than that, the manuscript is well organized and suitable for publication in WJG once this minor revision is made. English translation is pretty decent as well, with little syntax issues.