



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy
ESPS manuscript NO: 24771
Title: Single port laparoscopic liver surgery: A minireview
Reviewer’s code: 00056943
Reviewer’s country: Austria
Science editor: Jin-Xin Kong
Date sent for review: 2016-02-14 11:03
Date reviewed: 2016-02-15 20:50

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google 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 type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Sir, The Review "Single port laparoscopic liver surgery: Review" offers a comprehensive overview and discusses important issues in the field of SIL-LLR. Some statements are made without sufficient clinical evidence and should be argued more in detail. I would suggest to accept the manuscript with minor revisions as following: History: Line 4: "First report of SIL-LLR": Brunner W, Schirnhofner J, Waldstein-Wartenberg N, Frass R, Weiss H. New: Single-incision transumbilical laparoscopic surgery. Eur Surg. 2009;3:98-103 Indications and Contraindications: "Tumors that require a big incision to remove the resected specimen are against the SPLS mentality .." The mentality of SIL is to reduce the surgical trauma. As long as the incision for specimen retrieval is kept smaller than for open surgery SIL provides this benefit over open and standard laparoscopic surgery. The last paragraph is misleading in the same sence. Technical difficulties: Line 18: "...it is very difficult to stop parenchymal bleeding by SPLS". There is a valuabel paper published recently to overcome these limitations (J Hepatobiliary Pancreat Sci. 2015 Dec;22(12):831-6. doi: 10.1002/jhbp.295. Inline radiofrequency pre-coagulation simplifies single-incision laparoscopic minor liver resection. Weiss M, Mittermair C, Brunner E, Schirnhofner J, Obrist C, Pimpl K, Hell T, Weiss H.) Oncological



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concerns: Line 10: "..recommend making 5 cm incisions for single-port laparoscopic liver resections in patients with malignant lesions, as this would make surgical handling relatively easy." Instrument handling does not define the length of incision which is rather defined by the minimum diameter of the specimen. Squeezing the specimen in a retrieval bag does not compromise pathohistological staging. Disadvantages: Line 4: "...increasing the cost of the operation". LLR requires vessel sealing instruments, staplers etc. all of those are by far more expensive than a port (e.g. handmade ports) or a reusable bent instrument. Line 7: "...The presence of severe adhesions can diminish the number of patients suitable for this technique, even if the tumor is small and peripherally located" This is an obstacle in all types of laparoscopy but not selectively for SIL. Many authors report uneventful redo-SIL procedures regardless of any adhesions. Line 22: "...the depth of the subcutaneous fatty tissue may not allow the placement of the single port." Obese are prone to complications for many reasons but very rarely because of the incapability to place a port. Line 25: "...More blood loss can occur in cirrhotic patients during SPL-LR than during laparoscopic liver resections or major hepatic resections" This does not make sense since SIL is laparoscopic surgery and does not result in more blood loss than in major resections. Figure 5: This figure is not representative for SIL-LLR as most attention is paid on bloodless surgery to receive a scarless result.



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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

A good review of a relatively new minimally invasive procedure, fairly comprehensive inclusive of the limitations of indications, limitations of procedural details and other learning curve concerns . But it should be remembered that to date level evidence in favour of the single incision lap approach for any organ surgery is for the cosmetic advantage of the transumbilical approach so is the single approach really worthwhile? This awaits further evidence .