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PEER-REVIEW REPORT

Name of journal: *World Journal of Meta-Analysis*

Manuscript NO: 123961

Title: Systematic Review of Rouvière's Sulcus Variants from a Clinical Perspective

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06807430
Position: Peer Reviewer
Academic degree and professional title: PhD, Post Doctoral Researcher
Reviewer's Country/Territory: Pakistan
Author's Country/Territory: Belize

Manuscript submission date: 2026-06-01

Reviewer chosen by: AI Editor

Reviewer accepted review: 2026-06-02 15:49

Reviewer performed review: 2026-06-07 05:08

Review time: 4 Days and 13 Hours

Content to be reviewed	Have any new issues been identified in the iThenticate similarity report? **Yes** Have any concerns been identified in the AI detection report? **No** Does the manuscript's content fall within the scope of the journal? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the content of the Introduction adequate? **Yes** Is the description of the experiments clear and

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	complete? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Are the experimental data of the Results true and reliable? **Not Applicable** Are the quality and resolution of the images up to standard? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** Is the content of the Discussion reasonable? **Yes** Is the Conclusion reasonable? **Yes** Are all references necessary and reasonable? **Yes** Do authors omit important references? **No** Will the manuscript's content be of interest to readers? **Yes** Are additional experiments needed for the study? **Yes** Does the research scope comply with ethics? **Yes**
Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an	No

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unconventional innovation?	
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	Did you input any part of the manuscript into AI systems, upload or share confidential materials with AI tools? **No** Were your review comments translated into English from other languages using AI? **No** Was AI tools used for language editing and/or grammar refinement of your review comments? **Yes** Grammerly Was the scientific evaluation of the manuscript performed using AI? **No** Were the results of the manuscript interpreted using AI? **No** Was the review conclusion generated using AI? **No** Were any sections of your review comments generated using AI? **No**

SPECIFIC COMMENTS TO AUTHORS

Comments to authors

This systematic review addresses a persistent clinical problem: the lack of a standardized definition and classification for Rouvière's sulcus, an important surgical landmark for preventing bile duct injuries and guiding hepatectomies. The authors combine a 5 year observational study (n=356) from an Eastern Caribbean nation with a comprehensive literature review of 59 articles encompassing 25,196 persons. Using a uniform classification (open, closed, slit, scar), they calculate global prevalence rates and compare

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them with Caribbean data. The key finding, significantly higher overall prevalence of Rouvière's sulcus in the Caribbean (83.2% vs 76.88% globally), but lower proportions of the "classic" open type (39.33% vs 56.69%) and higher slit type (18.26% vs 14.15%) are clinically relevant and actionable. The manuscript is well structured, the methodology is sound (IRB approval, dual independent data extraction, appropriate statistics), and the discussion provides practical guidance for surgeons working in similar populations. The paper successfully highlights the harmful impact of inconsistent terminology and offers a workable solution. However, the manuscript is excessively lengthy, and several aspects could be refined for clarity and impact. Following are some suggestions to improve the MS.

1. The 59 row table of varied definitions/classifications is overwhelming. Move it to supplementary material and replace with a concise summary highlighting the most common discrepancies.
2. The systematic review methods would benefit from a standard PRISMA flowchart detailing records identified, screened, excluded, and reasons for exclusion.
3. Explicitly discuss publication bias, the risk of misclassification when extrapolating data from studies using different systems, and the lack of studies from West Africa.
4. Provide a simple intra operative algorithm or checklist to help surgeons recognize closed, slit, and scar variants, especially when operative cholangiography or ICG is unavailable (as noted in the resource poor setting).
5. The results section repeats numerical comparisons that are already clear in Table 3. Streamline narrative descriptions.
6. Thoroughly check the tables for calculation and typographical errors. In table 3 and 4 there are calculation errors e.g somewhere 59/100 is (90%) while at other place 59/100 is (59%), 40/40 is shown 88.9% and 4/45 is also shown is 88.9%.
7. Ensure consistent use of the accent in "Rouvière"; check for grammatical errors (e.g.,

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"incisura of Gans" is repeatedly misspelled in references as "incisura of Gans" – correct is "incisura of Gans"). Verify the citation numbering.

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Reviewer's code: 04991463
Position: Editorial Board
Academic degree and professional title: Full Professor, MD
Reviewer's Country/Territory: Türkiye
Author's Country/Territory: Belize

Manuscript submission date: 2026-06-01
Reviewer chosen by: Hong-Xin Jiang
Reviewer accepted review: 2026-06-14 18:03
Reviewer performed review: 2026-06-22 18:52
Review time: 8 Days

Content to be reviewed	Have any new issues been identified in the iThenticate similarity report? **No** Have any concerns been identified in the AI detection report? **No** Does the manuscript's content fall within the scope of the journal? **Yes** Is the content of the Introduction adequate? **Yes** Do authors omit important references? **No** Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes**

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	Is the content of the Discussion reasonable? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** Are the quality and resolution of the images up to standard? **Yes** Are the experimental data of the Results true and reliable? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Is the description of the experiments clear and complete? **Yes** Is the content of the Materials and Methods complete? **Yes** Will the manuscript's content be of interest to readers? **Yes** Are additional experiments needed for the study? **No** Does the research scope comply with ethics? **Yes**
Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an	No

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SPECIFIC COMMENTS TO AUTHORS

The authors have submitted a high-quality, clinically impactful manuscript that addresses a persistent source of confusion in hepatobiliary surgery: the non-standardized terminology and classification of Rouvière's sulcus. By pairing a local 5-year observational database with a massive harmonized global data synthesis (encompassing 25,196 individuals), this work provides an important anatomical roadmap. The effort to manually reclassify raw data and images from 59 historic and modern publications into a singular, uniform system represents a major service to

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surgical literature.

Key Strengths:

Methodological Harmonization: The core value of this meta-analysis lies in its clinical pragmatism. Instead of merely summarizing disparate studies, the investigators carefully reviewed published text descriptions and intra-operative images to correct variations in nomenclature across historical datasets. This ensures the global prevalence metrics calculated are truly comparable.

Clinical Utility: Highlighting that the Eastern Caribbean population exhibits a lower prevalence of the "classic" open-type variants (39.33% vs. 56.69%) and a higher proportion of the harder-to-recognize slit-type variants (18.26% vs. 14.15%) is highly significant. This finding serves as a direct alert to regional surgeons to maintain heightened vigilance during laparoscopic cholecystectomy and segmentectomy, safeguarding patients against devastating bile duct injuries.

High-Quality Visual Evidence: Figures 1 through 4 are high-resolution, clear, and perfectly integrated into the text. Utilizing in-field surgical instruments (e.g., 5mm calipers/grippers) as a scaling index gives the anatomical criteria a concrete metric that surgeons can easily duplicate in vivo.

Minor Suggestions for Enhancement:

Limitations Section expansion: The authors rightfully acknowledge the potential for misclassification bias due to retrospective data mapping. It would benefit the reader to briefly discuss how the two independent reviewers resolved cases where a primary study's published description and accompanying images were contradictory or ambiguous before excluding them.

Population Sub-group Nuance: In the discussion regarding North Indian and African diaspora comparisons (Tables 4 and 5), the authors should emphasize that these comparisons remain preliminary due to the historical scarcity of granular morphological

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data from certain regions. This does not diminish the work but strengthens the call for broader adoption of their standardized system.