



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59842

Title: Indirect inguinal hernia containing portosystemic shunt vessel: A case report

Reviewer's code: 05088185

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Attending Doctor, Director, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

Manuscript submission date: 2020-10-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-10-05 13:52

Reviewer performed review: 2020-10-05 19:10

Review time: 5 Hours

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 Grade E: Do not publish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

Interesting case report. There are not that many in the literature of these unusual portosystemic shunts. I think it would a good idea to mention another case in the literature that's very similar. In figure 1 image A, the right gonadal vein can be seen very dilated immediately anterior to the right psoas muscle just posterior to the shunt. I would have expected the patient to present and complaint also of varicocele in the right scrotum. But the case does not specify that ??it only mentions that there were small venous branches communicating the shunt with the spermatic vein. Did cutting them result in any brisk bleeding requiring ligation?? The conclusion recommends abdominal ultrasound and abdominal CT for preop evaluation prior to hernia repair in patients with portal hypertension. how about scrotal ultrasound? I can understand the abdominal CT, but routine abdominal US does not take that area into consideration unless it is a targeted study. " Unilateral Giant Varicocele Mimicking Inguinal Hernia Resulting from Portosystemic Shunt without Evidence of Portal Hypertension: An Unusual Case Report. Case Rep Surg. 2013; 2013: 709835."



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59842

Title: Indirect inguinal hernia containing portosystemic shunt vessel: A case report

Reviewer's code: 05397404

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: Japan

Manuscript submission date: 2020-10-03

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-10-21 09:24

Reviewer performed review: 2020-10-21 10:50

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 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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript is interesting and has good quality figures. There are no referens to the statment that CT AND ultrasound should be performed in all patients with portal hypertension and hernia. The fact that both CT and ultrasound was important in the pre-operative evaluation of this specfific case does not mean that permfroming both CT and ultrasound is always necessary in all case of portal hypertension and hernia. (Safety and effectiveness of inguinal hernia repair in patients with liver cirrhosis: a retrospective study and literature review, <https://doi.org/10.1007/s10029-019-02087-4>)



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59842

Title: Indirect inguinal hernia containing portosystemic shunt vessel: A case report

Reviewer's code: 05452375

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Denmark

Author's Country/Territory: Japan

Manuscript submission date: 2020-10-03

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-10-20 19:05

Reviewer performed review: 2020-10-21 15:13

Review time: 20 Hours

Scientific quality	<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
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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

Dear authors, Congratulations on successfully treating this complicated patient and thank you for letting me review this interesting and well-reported case study. Summary In this case report, the authors describe the diagnosis and successful treatment of a patient, who presented with an inguinal hernia containing a porto-systemic shunt vessel, presumably formed because of the patients pre-existing liver cirrhosis. This case report is very concisely reported and presents a very interesting and novel case from a surgical perspective. Its clinical implications are – given the type of study – obviously limited, and the current conclusion is perhaps a little too bold and should be moderated. The manuscript also lacks an explanation of the limitations of the chosen treatment approach. Criteria Checklist for New Manuscript Peer-Review 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes. 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? The abstract is a mostly accurate summary of the case. However, in the case summary, I would appreciate if the authors would add the fact the existence of the shunt was known before the current clinical investigation. This explains why a CT was performed despite the very typical clinical findings. 3 Key words. Do the key words reflect the focus of the manuscript? Yes. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Partly. (Please see additional comments for authors) 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Yes. The authors present an entirely novel case that should be of interest to many hernia surgeons. To the best of this reviewer's knowledge, this is the first report of its kind. However, like most other case reports, it mainly provides anecdotal evidence, but



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may also form the basis for generation of hypotheses and further research. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Partly. Whether these findings support the routine use of CT in the diagnosis of inguinal hernia in patients with liver cirrhosis is doubtful. Perhaps US could be sufficient? 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? All four figures are of high quality, very illustrative, and very well-explained in the legends. There is no need for additional labelling. However, I believe an additional figure should be added with a timeline illustrating the patient's course of treatment. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Not relevant. 10 Units. Does the manuscript meet the requirements of use of SI units? Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Partly. (Please see comments for authors) 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study,



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Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes. The authors have completed and attached the CARE checklist. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes. Additional comments Below, I have listed a few additional questions and comments for the authors: a) In the introduction section, please give a short outline of how an inguinal hernia would typically be diagnosed in a patient with liver cirrhosis, according to current international guidelines. And in the discussion section, please explain how the findings of the present study may suggest the need for an alternative approach. b) Do the authors believe that the findings of the present study justify the routine use of CT for the diagnosis of hernias in patients with suspected portal hypertension, given the radiation dose and financial costs this entails? Or could US be sufficient? c) Which type of anesthesia was used? Did the unusual preoperative imaging findings influence the choice of anesthesia? d) Did the patient receive any perioperative treatment different from the conventional regimen? If so, which? e) The authors chose to perform a Lichtenstein repair, which was obviously an appropriate choice. Did the authors at any point consider any alternative open approach? f) In accordance with the CARE checklist item 11c, please elaborate on how this case report may suggest a testable hypothesis. g) The authors have listed 12 contributing authors for this case report. That is a lot of authors for a case report, and more than many other journals allow for this study type. I would appreciate a more detailed statement of author contributions to justify this number of authors. h) Please add an additional figure with a timeline illustrating the patient's course of treatment, in accordance with the CARE checklist item 5. i) Why was reference [1] chosen? I do not



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believe that the findings of the referred study support the statement made on page 4 line 1-2 of your manuscript. j) Please consider adding one or both of the following references and give a short explanation in the discussion section of how these cases differ from the present: Zahir M, Al Muttairi HR, Upadhyay SP, Mallick PN. Unilateral Giant Varicocele Mimicking Inguinal Hernia Resulting from Portosystemic Shunt without Evidence of Portal Hypertension: An Unusual Case Report. *Case Rep Surg.* 2013;2013:709835. doi:10.1155/2013/709835. Afzal S, Nair A, Grainger J, Latif S, Rehman AU. Spontaneous thrombosis of congenital extrahepatic portosystemic shunt (Abernethy malformation) simulating inguinal hernia incarceration. *Vasc Endovascular Surg.* 2010 Aug;44(6):508-10. doi: 10.1177/1538574410373666. Please address my comments and questions above, and please consider revising your manuscript accordingly. Despite the reservations mentioned above, I find this case report to be very interesting, concisely reported, and highly suitable for publication in the *World Journal of Clinical Cases*. I hope that you will find my comments useful.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59842

Title: Indirect inguinal hernia containing portosystemic shunt vessel: A case report

Reviewer’s code: 05452375

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: Denmark

Author’s Country/Territory: Japan

Manuscript submission date: 2020-10-03

Reviewer chosen by: Pan Huang

Reviewer accepted review: 2020-11-19 06:23

Reviewer performed review: 2020-11-19 09:52

Review time: 3 Hours

Scientific quality	<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
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
Peer-reviewer statements	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

Congratulations on successfully treating this complicated patient and on reporting this



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excellent case study. Your revisions are sufficient and I find your paper appropriate for publication. Thank you for letting me review your work.