Reviewer's report

Title: Surgical treatment of gastric venous congestion in association with extended resection of pancreas

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Reviewer: Yichao Chai

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Experienced surgeons can always solve the congestion of local tissues through some vascular anastomosis during the operation. The right gastric vein is usually connected to the hepatic portal vein, which is approximately 1 cm in diameter. Directly connected to the right gastric vein are the esophageal vein and the left gastric vein. The left gastric vein is usually connected to the hepatic portal vein and sometimes to the splenic vein. The diameter of the splenic vein is about 0.5 cm. After pancreatectomy, if the venous return of the stomach or remnant stomach is significantly blocked, gastric congestion can be observed during the operation. If the return is slowly obstructed, some post-operative complications, including esophageal varices, can increase long-term risk. Therefore, it is important to avoid gastric congestion.

I read the abstract of references 1 and 2. Reference №2: The right gastroepiploic vein is connected to the superior mesenteric vein, the right gastroepiploic vein omentum guide the gastric blood flow back, leaving the veins on the gastric omentum unobstructed, and naturally, no gastric congestion occurs. Reference №1: surgical vascular anastomosis reduces postoperative gastric venous congestion and bleeding.

In this case, it was found that the left gastric vein connected with the spleen vein was narrowed during the operation, and gastric congestion was found. The anastomosis was re-doped to relieve the stenosis, and the gastric congestion was also relieved. This is a predictable result. If an experienced surgeon finds gastric congestion during the operation, he usually chooses the appropriate blood vessels for anastomosis to remove the congestion.

The report is interesting and can be considered for publication, provided that the conclusions of the article are appropriately modified and care is taken to avoid exaggerating the general applicability of the vascular anastomosis involved in this case report.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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