

REVIEWER'S REPORT

Manuscript No.: IJAR-52332

Date: 19-06-2025

Title: Postoperative Outcomes and Intensive Care Management Following Cephalic Duodenopancreatectomy

Recommendation:

Accept as it is.....**YES**.....
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity		√		
Significance		√		

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

Title:

The title is informative and appropriate. It clearly reflects the content and scope of the study, focusing on postoperative outcomes and ICU management after CDP, also known as the Whipple procedure.

Abstract:

The abstract provides a comprehensive summary of the study, covering the background, objective, methods, results, and conclusion. It offers a clear overview of the clinical context, patient population, key findings, and implications. The inclusion of specific figures—such as rates of complications, mortality, and ICU stay duration—adds quantitative strength to the summary. The objective is clearly defined, and the conclusion appropriately reflects the findings.

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Introduction:

The introduction establishes a strong clinical rationale for the study. It situates CDP within the broader context of complex digestive surgeries and underscores its relevance despite its inherent risks. It appropriately cites advances in surgical practice while highlighting the persistent challenges in postoperative management. The statement about the critical need for early detection and complication management aligns well with the study's purpose.

Methods:

The methodology is clearly outlined. A retrospective review of 30 patients over nearly four years provides a focused dataset. The inclusion of detailed perioperative parameters—such as imaging modalities, anesthesia type, monitoring tools, and transfusion requirements—strengthens the methodological rigor. The ICU-specific approach to evaluating postoperative care is aligned with the study's objective. The patient selection timeframe, hospital setting, and surgical indications are explicitly stated, contributing to transparency and reproducibility.

Results:

The results are presented in a structured and logical manner. Key clinical indicators—such as patient demographics, tumor types, perioperative imaging, surgical duration, and intraoperative management—are concisely reported. Complication rates, causes of mortality, and ICU stay duration are clearly quantified. The reported 33% mortality rate and the role of pancreatic fistula as the most common cause of death are clinically significant findings and provide a strong basis for further research or protocol optimization.

Conclusion:

The conclusion effectively synthesizes the findings, reaffirming the complexity of CDP and the need for vigilant perioperative care. The emphasis on multidisciplinary collaboration and ICU monitoring as critical factors in improving outcomes is well-supported by the data. The study appropriately balances the recognition of CDP's life-saving potential with a realistic acknowledgment of its risks.

Scientific and Clinical Relevance:

This study adds valuable insight into real-world outcomes of CDP in a specific institutional context. The detailed account of ICU management and postoperative complications provides important data for surgical teams, intensivists, and hospital administrators working in similar settings. The findings contribute to ongoing discussions about how best to optimize outcomes after high-risk oncological surgeries in resource-constrained or non-Western environments.

Clarity and Presentation:

The writing is clear, structured, and medically precise. Terminology is appropriate for a clinical audience.

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Data are presented in a digestible form without overwhelming the reader. The balance between narrative and quantitative reporting is well maintained.

Overall Evaluation:

This is a well-conducted and clinically meaningful study. It provides a valuable contribution to the literature on CDP outcomes and ICU management. The manuscript is suitable for publication in journals focused on surgical oncology, critical care, or gastrointestinal surgery.