

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53303

Title: Clinical significance of different periampullary diverticulum classifications for endoscopic retrograde cholangiopancreatography cannulation

Reviewer's code: 02998430

Position: Peer Reviewer

Academic degree: FEBG, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2020-02-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-03 10:00

Reviewer performed review: 2020-03-19 01:10

Review time: 15 Days and 15 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input checked="" type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good				<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		Conflicts-of-Interest:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Major revision		<input type="checkbox"/> Yes
	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Rejection		<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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This is an interesting retrospective study about the different periampullary diverticulum classifications for endoscopic retrograde cholangiopancreatography cannulation. The manuscript is well written, and the data in the results are very interesting. I recommend to accept this manuscript after a minor editing.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☒ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☒ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53303

Title: Clinical significance of different periampullary diverticulum classifications for endoscopic retrograde cholangiopancreatography cannulation

Reviewer's code: 02937043

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-02-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-03 10:01

Reviewer performed review: 2020-03-20 10:05

Review time: 17 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority	<input type="checkbox"/> Accept	<input type="checkbox"/> Yes	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	publishing	(High priority)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade B: Minor	<input type="checkbox"/> Accept		<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	language polishing	(General priority)		
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade C: A great deal of language polishing	<input checked="" type="checkbox"/> Minor revision		Conflicts-of-Interest:
	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		<input type="checkbox"/> Yes
		<input type="checkbox"/> Rejection		<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Periampullary diverticulum may increase the incidence of choledocholithiasis and could be a potential risk factor for recurrent choledocholithiasis, especially after cholecystectomy, and may increase the difficulty of ERCP cannulation. In clinical practice, we found that the effect of periampullary diverticulum on ERCP cannulation was related to the characteristics of the diverticulum. Periampullary diverticulum was divided into two types: intradiverticular papilla and juxtapapillary diverticulum; and three types of periampullary diverticulum, and types I and II were further divided into four subtypes. However, the clinical significance of the two current periampullary diverticulum classifications for cannulation is limited. In this study, Yue P et al evaluated the clinical value of the Li-Tanaka periampullary diverticulum classification method in ERCP cannulation. This study is very interesting. Methods are described in detail, acceptable. Results are reasonable. The tables and figures are very good. Discussion is a little long, please short it. References are updated, require an editing according to the journal's guideline. Manuscript overall is very well written, however, some minor language polishing should be corrected.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:

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[] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53303

Title: Clinical significance of different periampullary diverticulum classifications for endoscopic retrograde cholangiopancreatography cannulation

Reviewer's code: 01201032

Position: Peer Reviewer

Academic degree: FEBS, MD, PhD

Professional title: Associate Professor, Professor

Reviewer's Country/Territory: Belgium

Author's Country/Territory: China

Manuscript submission date: 2020-02-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-03 10:00

Reviewer performed review: 2020-03-20 10:14

Review time: 17 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input checked="" type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good				<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		Conflicts-of-Interest:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Major revision		<input type="checkbox"/> Yes
	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Rejection		<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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Hi, sorry for the delay of the peer-review. I read this manuscript in great interesting, and found the manuscript is very good written, the results of the study are listed in detail, reasonable and interesting. Tables are so good. I have no specific comments to authors.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53303

Title: Clinical significance of different periampullary diverticulum classifications for endoscopic retrograde cholangiopancreatography cannulation

Reviewer's code: 00050424

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2020-02-26

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2020-03-15 22:24

Reviewer performed review: 2020-03-25 13:04

Review time: 9 Days and 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Minor revision		<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair		<input checked="" type="checkbox"/> Major revision		Conflicts-of-Interest:
<input type="checkbox"/> Grade E: Do not publish		<input type="checkbox"/> Rejection		<input type="checkbox"/> Yes
	<input type="checkbox"/> Grade D: Rejection			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors analysed data of patients undergoing ERCP and bile duct cannulation and examined the role of different classifications of perampullary diverticula on the difficulty and success of bile duct cannulation and also complications. The number of patients were high and the paper is well written but First of all I think that the main finding was that in both lobo and the proposed classification IDP is more difficult to be cannulated than JDP at any other site. The complexity of the new classification does not add something more important. This should be discussed. Also the results are complex and somehow difficult to be understood. 1.....For the Boix classification, no significant difference in the rate >> add new paragraph 2. For the Li-Tanaka classification, type I PAD had the..... >> add new paragraph. 3. Compared to the non-PAD group, the PAD group did not exhibit increased difficulty of cannulation (OR 0.86, 95% CI 0.68-1.09, p=0.21), and the >>> which classification ;;;; all patients ;;;; 4.RESULTSNo significant difference in terms of post-ERCP pancreatitis (PEP), acute cholangitis and perforation were observed among the groups for all three classifications ...DISCUSSION :The proportion of patients with acute cholangitis (11.2%) and choledocholithiasis (71.1%) in the non-PAD group were lower than the proportion of patients in the different PAD groups in all three classifications. ;;;;;;;;;;

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