



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 57412

Title: Post-liver transplant biliary complications-current knowledge and therapeutic advances

Reviewer's code: 03294293

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Lecturer, Surgeon

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Bulgaria

Manuscript submission date: 2020-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-14 12:46

Reviewer performed review: 2020-07-12 12:54

Review time: 28 Days

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[] Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous [] Onymous Conflicts-of-Interest: [] Yes <input checked="" type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

it is a well designed review.



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 57412

Title: Post-liver transplant biliary complications-current knowledge and therapeutic advances

Reviewer's code: 03742333

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Full Professor, Professor, Surgeon

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Bulgaria

Manuscript submission date: 2020-06-14

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-09-23 16:45

Reviewer performed review: 2020-09-26 14:48

Review time: 2 Days and 22 Hours

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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" 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

I have read with great interest the manuscript entitled 'Post-liver transplant biliary complications - current knowledge and therapeutic advances' submitted to the World Journal of Hepatology. In this minireview article, the authors present a comprehensive review of biliary complications after liver transplantation. Although the topic is well discussed by several review articles in the literature, the topic is of clinical interest. I have a few comments which may be addressed to improve the manuscript: **MAJOR COMMENTS** - In the 'Biliary strictures' section is not clear to me which sort of stent the authors refer to (The most used technique is balloon dilation with a maximum number of 10Fr stents placement with subsequent stents exchange until full resolution of the stricture in fluoroscopy). It would be important to highlight maximum number of PLASTIC stents. - Also, in the 'Biliary strictures' section, it is not clear to me which is the preferable treatment to non-anastomotic stricture. Is this re-transplantation? Is this endoscopic procedure? PTC? - In addition, it would be important to clarify readers which is the role of endoscopic procedures and PTC in non-anastomotic strictures. Shall ERCP or PTC be always performed? Are there specific conditions wherein these procedures are indicated? Shall these patients be immediately listed for re-transplant?



PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 57412

Title: Post-liver transplant biliary complications-current knowledge and therapeutic advances

Reviewer's code: 02529835

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Bulgaria

Manuscript submission date: 2020-06-14

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-09-24 17:05

Reviewer performed review: 2020-09-28 11:54

Review time: 3 Days and 18 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 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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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Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
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https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

This review focuses the biliary complication, a common post-transplant mortality, in patients who have received liver transplantation. The authors systematically listed and described the most common biliary complications, including anastomotic and non-anastomotic biliary strictures, leaks, bile ducts stones, sludge and casts. Further, they discussed endoscopic retrograde cholangiography (ERCP) as the preferred technique for duct-to-duct anastomosis to decrease the morbidity and mortality in these cases. It is well written.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Hepatology

Manuscript NO: 57412

Title: Post-liver transplant biliary complications-current knowledge and therapeutic advances

Reviewer's code: 03742333

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Full Professor, Professor, Surgeon

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Bulgaria

Manuscript submission date: 2020-06-14

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-11-02 14:33

Reviewer performed review: 2020-11-02 22:43

Review time: 8 Hours

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
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



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Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
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E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

I have re-reviewed the manuscript entitled “Post-liver transplant biliary complications - current knowledge and therapeutic advances” submitted to the World Journal of Hepatology. First, I would like to congratulate the authors on their timely response to the journal. Unfortunately, my previous concern to the authors was not addressed properly. I insist that must be clear to the readers that the authors refer to PLASTIC stenting (which sort of stent). Please see the phrase: “The most used technique is balloon dilation with a maximum number of 10Fr stents placement with subsequent stents exchange until full resolution of the stricture in fluoroscopy”. The mention to plastic stent occurs for the first time only after several paragraphs (“An available alternative to the standard multiple-plastic-stent therapy is the placement of fully covered self-expanding metal stents (fSEMS)”). Although this observation does not compromise the overall quality of the article, it is a pretty basic information to be lacking. The same note is valid for Table 2. It is well known that non-anastomotic stricture (NAS) is by a far less favourable to respond to endoscopic treatment. Indeed, NAS presents higher recurrence rates and most frequently lead to graft loss and need for retransplantation. This is clearer in the revised version of the manuscript. Also, it is noteworthy to say that as good practice any change in the manuscript must be highlighted or be in a different colour. This helps reviewers to find alterations easily.