



PEER-REVIEW REPORT

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Title: Title: A Case Report of Cholecystoduodenal Fistula Presenting with Upper Gastrointestinal Bleeding

Reviewer's code: 05122255

Position: Peer Reviewer

Academic degree: MD

Professional title: Reader (Associate Professor), Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Taiwan

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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 Grade E: Do not publish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
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SPECIFIC COMMENTS TO AUTHORS

This is an interesting case report. Authors present a patient with upper GI bleeding resulting from cholecystoduodenal fistula. I have several opinions. (1) This condition, cholecystoduodenal fistula, is a specific cholecystoenteric fistula. The condition in this case report has been classified as type V Mirizzi syndrome. Authors simply discussed their patient from the view of cholecystoduodenal fistula and had mentioned nothing related to Mirizzi syndrome. I suggest authors should expand their discussion in the point of view from Mirizzi syndrome. There are several relevant references related to this condition. (2) Since cholecystoduodenal fistula complicated with hemorrhage might be life-threatening, how to detect its existence before major complication? Dose any clinical hint to this condition? This should be important for clinician to learn how to identify cholecystoduodenal fistula since laparoscopic procedure can be conducted simply for cholecystoduodenal fistula (cholecystolithiasis related) with satisfying result. (3) This patient had much stones in his gallbladder. Dose gall stone ileus be identified? (4) How about the angioembolization regarding treatment for such condition?