



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 59982

**Title:** Cystic duct dilation through ERCP in the treatment of gallstones and choledocholithiasis: a new treatment strategy? – A report of six cases

**Reviewer's code:** 03722267

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-10-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-10-15 22:55

**Reviewer performed review:** 2020-10-21 04:24

**Review time:** 5 Days and 5 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

This study reports endoscopic retrograde cholangiopancreatography (ERCP) as a new treatment strategy for removal of gallstones. The study is interesting; however, there are several problems with the manuscript. Please address the following comments. Major comments: (1) A key point of this strategy is successful cannulation into the gallbladder. Cystic duct direction (proximal/distal, right/left, or cranial/caudal) and length both affects the success of cannulation into the gallbladder. The author should discuss these issues. (2) Factors that predict the successful cannulation into the gallbladder, such as patient characteristics and imaging findings before treatment, should be explained in the Discussion section based on the existing literature. (3) The cystic duct dilation process should be described in detail. Was cystic duct dilation not performed if the diameter of the cystic duct was larger than that of the gallstones? How did the author decide on the balloon size for cystic duct balloon dilation? Also, if gallstones are larger than the cystic duct diameter, the cystic duct must be dilated with a balloon that is larger than the cystic duct diameter. If this is the case, is there a high risk for cystic duct injury? (4) The location of gallstones should be shown in detail. Is it possible to remove gallstones anywhere in the gallbladder? Because the inside of the gallbladder is larger than that of the common bile duct, is it difficult to grasp the stones using a basket or balloon? (5) Diameter, length, and direction of the cystic duct should be shown in Table 2. (6) The existing Figures 2 and 3 (common bile duct stone removal) should be deleted. Instead, Figures 2 and 3 should clearly show the process of gallstone removal. Because Figure 3 is of poor quality, it is difficult to understand the process of removing gallstones. (7) Laparoscopic cholecystectomy is the current standard approach for removing gallstones, with few early and late complications. Specific outcomes of established approaches such as laparoscopic cholecystectomy should be described. Furthermore, endoscopic gallstone



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removal should have complications equal to or greater than those of endoscopic gallbladder drainage. Please discuss this matter. Minor comments: (1) Please show the sequence of magnetic resonance cholangiopancreatography (MRCP) in Figure 1. (2) Figure 1b is of poor quality. Please improve this. (3) Why did the author establish the cutoff of <0.8 cm diameter gallstone size for patient selection? (4) Please simplify the description of NOTES in the Discussion section. (5) Although the author established the cutoff of <0.8 cm diameter gallstone size for patient selection, the diameter of gallstones in Patient 1 was 13 mm (1.3 cm). Why did you include this patient in the study? (6) Please simplify the histories of past illnesses in Table 1. (7) There are some typographical errors and omissions in your manuscript. Please correct those.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-10-15

**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2020-11-12 03:30

**Reviewer performed review:** 2020-11-13 07:33

**Review time:** 1 Day and 4 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Peer-reviewer statements</b>	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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There are some problems to be revised in this revised manuscript. 1) In Discussion session, the authors described that “From our current experience, this technology still has certain disadvantages: (1) It is only effective for some patients. It is expected to be successful for those whose with is one or less than 10 calculi, where the diameter of the gallstones is less than 0.8 cm, or in cases where although the diameter of the cystic duct is greater than 0.8 cm, the diameter of the cystic duct is dilated at the same time, and the diameter of calculus is less than 3 mm.”. Wasn’t the cut-off size of gallstone diameter 8mm? 2) Please indicate whether cystic dilation was performed or not in each case in Table2. Should cystic dilation be performed in cases where the diameter of the cystic duct is equal to that of the diameter of gallstones (patient No. 4 and 5). 3) Although ERCP approach for gallstones is interesting, ERCP is a high-risk procedure, which occasionally can be fatal. Furthermore, some patients may suffer from recurrent cholangitis after endoscopic sphincterotomy. As the author described, laparoscopic cholecystectomy has some disadvantages. However, ERCP have some early and late complications. Although there were no severe complications in your cases, ERCP-related complications (including cystic duct perforation and post-ERCP pancreatitis etc.) should be considered. Please discuss this matter. 4) Please show the sequence of MRCP in Figure 1. Heavy T2 ? B-TFE ?. Furthermore, study time in Figure1 should be delated. 5) Please describe why the author included patient No1 who had gallstones of 13mm in the manuscript.