

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 62253

Title: Elderly patients (≥ 80 years) with acute calculous cholangitis have similar outcomes as non-elderly (< 80 years): Propensity score-matched analysis

Reviewer's code: 02854566

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Doctor, Research Fellow

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: Singapore

Manuscript submission date: 2021-01-03

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2021-01-08 15:57

Reviewer performed review: 2021-01-15 14:28

Review time: 6 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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input 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

SPECIFIC COMMENTS TO AUTHORS

I have read the article of Chan et al "Elderly patients (≥ 80 years) with acute cholangitis have similar outcomes as non-elderly (< 80 years): Propensity score-matched analysis" with great interest. It describes an important topic in management of acute cholangitis, namely whether age affects outcomes in acute cholangitis. The authors have included 318 elderly and 139 non-elderly patients in a retrospective analyses, and performed subsequent a propensity-score analysis on 122 matched patients. They conclude that mortality rates were similar between the 2 patient groups, before and after PSM, even when AC severity was worse in the elderly group (before and after matching). Length of hospitalization was significantly longer in the elderly group before matching, but was comparable after matching. These results clearly show that outcomes are comparable between $> 80y$ and $< 80y$ patients. The title and abstract reflect the main subject of the manuscript. The rationale for the study is clear and relevant. The inclusion of patients was adequate, following the Tokyo guidelines, and the statistical methods are solid. However, I have some remarks. First, although mortality rates and LOS are comparable, the questions remains whether there were differences in morbidity outcomes, which also could impact prognosis. Unfortunately these were not collected. Second, at this moment an age $> 75y$ could result in a change from mild severity AC to moderate AC when following the Tokyo guidelines, resulting in higher chance of undergoing early drainage. Could the authors comment on how their results affect application of the AC severity classification? Should age be dropped from the severity criteria or comorbidity added? Should elderly patients that are classified as moderate AC based on age be reclassified as mild AC? Why did the authors did not choose a cut-off of 75y, parallel to the Tokyo guidelines? Perhaps the authors could add this to the discussion, and reduce some other parts that are less relevant (for example part on PTBD). Third, a larger proportion of



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elderly patients had a history of bile stone disease compared to non-elderly patients. Could it be that more elderly patients had a previous ERCP with papillotomy, thereby reducing complications compared to non-elderly patients?