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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 75263

Title: Multimodal treatments of "gallstone cholangiopancreatitis"

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04012076
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Thailand
Author's Country/Territory: Italy

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Reviewer chosen by: AI Technique

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a good comment for the manuscript.

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Reviewer's code: 03534021
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Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

I thank you for your interest and comments regarding my article [1]. As you mentioned, my article was not intended to deal with all management strategies for patients with gallstone cholangiopancreatitis (CP) who need urgent biliary decompression to ameliorate the disease course, which was beyond the scope of the opinion review. However, your detailed clarifications on the issue, referring from endoscopic retrograde cholangiopancreatography with sphincterotomy or balloon dilatation to percutaneous placement of biliary drains, depending on the clinical status of patients, the size of stones, or any previous bilio-digestive derivations, together with multimodal treatments to prevent recurrence of gallstone pancreatitis, that are informative and appropriate for readers, are greatly appreciated. Here, I would like to make one comment. I agree with you in that it is difficult to distinguish between gallstone CP and other diseases that can compromise the disease course. In the diagnosis and treatment of gallstone pancreatitis, which I proposed to call gallstone hepatopancreatitis in my article, the challenge for clinicians is to predict patients with gallstone CP. One of the distinct guidelines for the prediction of gallstone CP may be the cholangitis score[2], which consists of a combination of the following clinical parameters detected shortly after admission: (1) pyrexia (body temperature ≧38°C; (2) biochemical data (serum bilirubin level ≧2.2 mg/dL) and ultrasound findings; (3) bile duct diameter ≧11 mm; and (4) presence of bile duct stones. Patients with three or four predictors are likely to have impacted ampullary stones or persistent stones and pus in the bile duct, and may be candidate for urgent biliary decompression. Furthermore, after ruling out gallstone CP, serial determination of the lactate dehydrogenase (LDH) to aspartate aminotransferase (AST) ratio may help predicting gallstone necrotizing pancreatitis (NP)[3]. The LDH/AST ratio

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serially evaluated during the first seven days after admission might predict gallstone NP; in gallstone NP patients, the LDH/AST ratios on postadmission days 3, 5, and 7 were significantly higher than those in non-NP patients, and an elevated LDH/AST ratio helped in diagnosing gallstone NP faster than its diagnosis using contrast-enhanced compute tomography [3].

REFERENCES 1 Isogai M. Proposal of the term "gallstone cholangiopancreatitis" to specify gallstone pancreatitis that needs urgent endoscopic retrograde chlangiopancreatography. World J Gastrointest Endosc 2021 October 16; 13(10): 451-459 [PMID: 34733406 DOI: 10.4253/wjge.v13.i10.451] 2 Isogai M, Yamaguchi A, Harada T, Kaneoka Y, Suzuki M. Cholangitis score: a scoring system to predict sever cholangitis in gallstone pancreatitis. J Hepatobiliary Panreat Surg 2002; 9: 98-104 [PMID: 12021903 DOI: 10.1007/s005340200010.] 3 Isogai M, Yamaguchi A, Hori A, Keneoka Y. LDH to AST Ratio in Biliary Pancreatitis – A Possible Indicator of Pancreatic Necrosis: Preliminary Results. Am J Gastroenterol 1998; 93: 363-367 [PMID: 9517641 DOI: 10.1111/j.1572-]