



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 75463

**Title:** Optimal timing of biliary drainage based on the severity of acute cholangitis: A single-center retrospective cohort study

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06081418

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-03-17

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-17 10:22

**Reviewer performed review:** 2022-03-21 16:06

**Review time:** 4 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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<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**

Dear author, thanks for your paper. The paper is well written and the scientific quality is good. However, I think that the topic of the study has been discussed many times in literature. The need of an early decompression of the biliary tract in cholangitis is well known, as the timing, which should be as early as possible in severe patients. I think that you should move your study on less discussed matters and add it in your paper, which is still a good base. Best regards.



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**Reviewer's code:** 05457585

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2022-03-17

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-17 11:34

**Reviewer performed review:** 2022-03-27 14:42

**Review time:** 10 Days and 3 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<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**

Manuscript Number: 75463 Title: The optimal timing of biliary drainage based on the severity of acute cholangitis: A single-center retrospective cohort study Journal: World Journal of Gastroenterology Minor comments: The author appraised this paper by investigating the optimal timing of drainage for AC patients with each grade and organ dysfunction. However, your article is inadequately presented. Furthermore, there are many problems in the different sections as well. Although the article has scientific rigor, several minor flows need to be improved before publication. 1. The abstract section can improve—add a focus point in the abstract section. 2. Rewrite the methods, results and conclusion (in the abstract) in a more straightforward form. 3. Currently, the severity grading criteria of AC from the Tokyo guidelines 2013 (TG13) are well accepted. No references? 4. Objectives can be summarized into the introduction section. 5. Authors are suggested to use the full form when used for the first time throughout the manuscript. 6. The introduction section is redundant. Authors can try to include the existing research limitations also, how the present research unravels those limits. 7. Aim of the study should need to add as the last paragraph in the introduction. 8. Material and methods also look good. Need a logical flow of the writings with enough references and subtitles. 9. What was the exclusion criteria's? 10. All patients underwent obligatory colonoscopy for endoscopic verification of the diagnosis. Not clear. 11. Finally, 1305 patients were enrolled. How its calculated? 12. The results section can improve by adding significant results. 13. The writing of results is good. Need to maintain a logical flow of the writings. 14. Figures presentation is not up to mark. 15. Figure legends are self-explanatory. Need to confirm without the repetition of the results and discussion in



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the figure legends. 16. The discussion is good. The discussion section can improve by including the data from other sources about related works. 17. The conclusion needs to address future perspectives. 18. Novelty of the work should be added by the author in the conclusion section. 19. Many spacing, punctuation marks problem found in the tables. 20. Spacing, punctuation marks, grammar, and spelling errors should be reviewed thoroughly. I found so many typos throughout the manuscript. 21. Consent to participate must need to include as supplementary.



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**Peer-review model:** Single blind

**Reviewer's code:** 05562288

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-03-17

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-17 15:14

**Reviewer performed review:** 2022-03-27 18:44

**Review time:** 10 Days and 3 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**

I read with interest the paper concerning optimal timing of optimal timing of biliary drainage in patients with acute cholangitis. I strongly believe there is a lack of knowledge in this particular topic and therefore the body of evidence gained is important. The contraindications of ERCP included acute coronary syndrome, acute heart failure (NYHA III-IV), stroke, and acute pulmonary embolism, while the contraindications of PTBD were platelet count less than 50,000/mm<sup>3</sup> or prothrombin activity less than 60%. The second treatment included a second ERCP and a second PTBD for stone removal or stent placement. I agree with the authors that there are contra indications for ERCP as stated in the lines above, however the authors must clearly define what they mean with stroke and acute pulmonary embolism. Was it the anticoagulation that excluded the patients from ERCP? Was it the acute stroke or any form of medical history of stroke that excluded patients from adequate treatment? Our primary outcome was IHM, and the secondary outcomes were hospital length of stay (LOS) and hospitalization costs. When analyzing the LOS and cost, we excluded patients who died or were transferred to other hospitals. I strongly believe if the authors exclude patients who died in their length of hospital stay and cost analyses there is a relevant selection bias. For sure as the authors stated correctly the LOS and the costs are higher in that group that survived, but this might contribute to the fact that those who did not get their biliary drainage timely with greater risk of dying and therefore the survivors for sure bedded a significant LOS and costs. One hundred and sixty patients with Grade III were treated with antibiotics only (disagreement about procedures = 35 cases; with contraindications = 24 cases; not tolerable conditions = 14 cases; obstruction spontaneous



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relief = 67 cases; not persistent biliary obstruction with high risk to stone removal by ERCP = 15 cases; not persistent biliary obstruction with selective cholecystectomy = 5). The authors must indicate what happened to those patients who did not underwent biliary drainage, how was the mortality rate in those patients? Among the patients who underwent biliary drainage, 52.2% required a second intervention for stone removal or stent placement. Please indicate why these patients were treated in one single session? How many of them were treated outside regularly working hours? How good was the experience and expertise of the endoscopists who performed the intervention? Was there a difference between those patients graded severity 1 or 2 versus those graded severity grade 3 in the necessary of reintervention? I wonder if the authors have dater about readmission of those who did not underwent biliary drainage, as this fact might significantly increase of the costs, and more over a 30- or 60-day mortality rate for sure would be of great interest! I believe looking at the singular hospital stay the mortality rate and the costs might be underestimated and therefore the importance of biliary drainage might be even higher having a closer look at that fact.