

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84556

Title: Pathophysiological consequences and treatment strategy of obstructive jaundice

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01588784

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-03-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-21 01:29

Reviewer performed review: 2023-03-25 10:49

Review time: 4 Days and 9 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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
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

1. The title includes “perioperative” management, but the manuscript content does not have “postoperative” sections. It may possibly be more appropriate to replace with “management” or “treatment strategy”, please consider. 2. Despite the nature of a narrative review, literature search methods are very important to evaluate the research quality. It is advisable to show that the search strategy in a method section. 3. Due to the nature of this manuscript, the discussion section is lacking: however, the readers may be interested in 1) What are problems in current practice; 2) What are inconsistencies in previous results; 3) What could be future insights, in the management of OJ. This manuscript may be strengthened with “limitations and future directions” section including the aforementioned viewpoints. 4. Figure 1 is well illustrated using some drawing software. However, it is somewhat unclear what are the meaning of bidirectional arrows. In addition, the upside-down letters are really friendly to the readers? The authors can modify the figure to reflect the manuscript content. 5. Figure 2 visualizes the options of intervention for OJ at a glance. However, the readers may effectively learn disease- or condition-specific management of OJ from more detailed

schematic presentations. For example, the decision of surgical approach is made based on the pathophysiology and the location of obstruction. What are the possible criteria for selecting Western medicine or traditional Chinese medicine against symptomatic OJ? Figure 2 may be more strengthened with more detailed “decision-tree” like presentation.

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Peer-review model: Single blind

Reviewer's code: 02845080

Position: Peer Reviewer

Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2023-03-20

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-07 15:06

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Review time: 1 Hour

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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
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 read with interest a review paper on obstructive jaundice. I commend the authors for compiling the multidisciplinary theme into this topic. This topic is complex with the interface of anatomy, physiology, pathology, medicine, surgery, pharmacology, technical advances, and critical care and what authors have done is very commendable. I feel this can be a good reading for undergraduate and postgraduate trainees as a reference publication. To this end, my comments and suggestions should be seen as more of enhancing the quality and completeness of this manuscript rather than a critic of the work.

1. The first paragraph on aetiology of obstructive jaundice i also suggest authors of add aetiology of pancreatic tuberculosis PMID: 17824465 and bile duct injury (iatrogenic reason for obstructive jaundice).
2. The pathophysiology of obstruction and cholangitis from endotoxemia due to elevated intrabiliary pressures is a good theory. The citation no 15 deals with ERCP and does not endorse the theory of cholangitis development on patients with biliary obstruction. The pathophysiology that you have stated aligns with the book chapter on cholangitis - Wang, Z., Ahmed, S., Shelat, V.G. (2018). Acute Cholangitis. In: Sartelli, M., Bassetti, M., Martin-Loeches, I. (eds)

Abdominal Sepsis. Hot Topics in Acute Care Surgery and Trauma. Springer, Cham. - please consider changing the citation 15 to this book chapter if you agree with me. 3. In the pathophysiology section you missed a very important theme. The effect of obstruction on blood coagulation system. This deserves a paragraph of its own with a subheading. Please add about this issue. 4. In the treatment section of using NSAID for pain, you should also include the caution of use as it can trigger acute kidney injury or worsen existing injury. Also mention importance of hydration along with NSAID to reduce or mitigate impact of nephrotoxicity. 5. The subheading in treatment "antiinflammatory" is inaccurate as the entire discussion is on "antibiotics". Sepsis is distinct from inflammation as inflammation can be sterile (like pancreatitis) and jaundice does not always have sepsis. So please tweak the subheading. 6. In the section on "antiinflammatory" and antibiotics - you mention about blood culture being done before starting antibiotics. I invite you to add the fact that the blood cultures are only positive in <40% patients PMID: 34722727. Thus empiric therapy with the knowledge of local antibiogram is essential for clinicians in managing a patient with biliary sepsis. 7. Also in the same paragraph, you mention a lot of names of antibiotics that can be used for gram negative bacteria. I would want you to emphasize the importance of source control along with antibiotics. Thus drainage or definitive procedure is also integral and should be mentioned for our readers that antibiotics alone are not enough - PMID: 35419623. 8. I suggest deleting "percutaneous endoscopic gastrostomy" in section on antiemetics. We generally don't insert PEG in patients for vomiting relief. We might insert for feeding patients or sometimes in terminal illness cancer cases, but this seems to be out of context in section on antiemetics. Delete please, readers will get wrong message. 9. The section on Chinese herbs is too long. Also it gives a hint that authors have ignored other herbs. I suggest please also do literature review and add other herbs that are shown to help liver repair and regeneration - the non-Chinese and others as literature shows. Please

eliminate the perception of bias towards one country herbs. 10. In section on PTCD please mention that these tubes should be changed if deemed to be left for long period. If not changed, they can fracture with foreign body inside biliary tree that can form a stone nidus or recurrent sepsis. PMID: 30215051. Also mention that due to jaundice and coagulopathy, PTCD can have risk of bleeding and hemobilia. 11. The section on ERBD need to include mention on biodegradable stents like Archimedes stent. Please read about these new stents and add some in discussion and cite appropriate papers too. 12. Generally distal pancreatectomy is not needed for pancreas disease causing obstructive jaundice. Jaundice generally is caused by lesion in pancreas head. So i feel the section on distal pancreatectomy is off and should be best omitted. 13. The section on choledochectomy should be enhanced with mention about - laparoscopic common bile duct exploration PMID: 36161969, indocyanine green dye to facilitate surgery PMID: 33398590, etc issues. It appears that you have simply mentioned them in passing. We need some details. I know the focus is pathophysiology, but still some details on management is necessary for the manuscript. 14. I suggest to add some material on (a) choledochoscopy PMID: 35070020 (b) 3D surgery, robotic surgery PMID: 34667894 and (c) jaundice due to recurrent pyogenic cholangitis 15. I suggest to add that this review excludes paediatric population issues. 16. I donot see any mention on portal hypertension, HCC and jaundice, liver failure etc issues. Please sprinkle these issues or make short description as deemed fit. For now i can think of these issues for the obstructive jaundice theme. The topic is wide and complex. So if you want to add clinical flavour, you might want to trim the other issues - the basic science issue a bit.

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Peer-review model: Single blind

Reviewer's code: 06010740

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Review time: 3 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Need major revision

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Peer-review model: Single blind

Reviewer's code: 05723533

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2023-03-20

Reviewer chosen by: Geng-Long Liu

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Major revision <input checked="" 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

Authors aim to comprehensively discuss the pathophysiological changes and perioperative management of obstructive jaundice, which is a good topic, but the manuscript is somehow like a textbook. It is too well known to need elaboration. There is no new information except the part of "Chinese herbal medicine treatment". Other specific comments are as following: 1. "Supplementation of pancreatic exocrine enzyme" and "Distal pancreatectomy (DP)" is not necessarily linked with OJ, which both are related with pancreatic surgery. 2. More than 10 case-reports are cited as references. Review articles are not case collections. 3. On the basis of summarizing and elaborating on existing research results, please make a statement to clarify your own views and make a concluding statement in each section. 4. Please edit out the unnecessary parts and integrate similar content to make the article concise. For example, the "endotoxin" in the part of "Pathophysiological consequences" can be integrated into other subsections. 5. Please consider discussing the relationship between preoperative intervention and endoscopic therapy of OJ and surgical prognosis. 6. More comments are marked inside the manuscript.

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

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Reviewer's code: 01438831

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Yes <input checked="" 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

This is a review on pathophysiological changes and perioperative management of obstructive jaundice. The manuscript is well written especially on medicine treatment. As for Operative treatment, Distal pancreatectomy has nothing to do with obstructive jaundice. There is no need of this section.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84556

Title: Pathophysiological consequences and treatment strategy of obstructive jaundice

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01588784

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-03-20

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2023-05-08 08:26

Reviewer performed review: 2023-05-08 08:38

Review time: 1 Hour

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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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



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SPECIFIC COMMENTS TO AUTHORS

The authors have responded well to the reviewers' query and amended appropriately.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84556

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Peer-review model: Single blind

Reviewer's code: 05723533

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2023-03-20

Reviewer chosen by: Jia-Ping Yan

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Reviewer performed review: 2023-05-15 00:35

Review time: 3 Days and 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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
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



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https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

1. Authors aim to comprehensively discuss the pathophysiological changes and perioperative management of obstructive jaundice, which is a good topic, but the manuscript is somehow like a textbook. It is too well known to need elaboration. 2. Relevant contents of "PTCD-based biliary stent placement" should be added. 3. Relevant contents of "endoscopic metal biliary endoprosthesis" should be added. 4. "Biliary stent combined with 125I particle intracavitary irradiation" and "drug-eluting stents" should be discussed. 5. Minor comments are marked inside the attached file.