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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33257

Title: Ultrasonography as an Alternative to Intraoperative Cholangiography during Laparoscopic Cholecystectomy

Reviewer's code: 00919957

Reviewer's country: Taiwan

Science editor: Jing Yu

Date sent for review: 2017-02-08

Date reviewed: 2017-02-21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Comments 1. A good topic for LC. 2. The core tips should describe more concisely the essence of the reviewed results. 3. In the main results section - ? The collected data should be cited individually in the text to help reading, such prospective non-randomized, retrospective trials or meta-analysis. ? Typical images of "Mickey mouth sign" and "four tube sign" will be preferred than the image of Fig 1. ? Several questions about Fig.1: 1) in a,b,c figures, there is a prominent intra-hepatic bile duct. It is my common sense that intra-hepatic bile duct is not depicted, unless there is a bile dilatation caused by the proximal bile duct obstruction. 2) a longitudinal images of various condition of extra-pancreatic CBD will be more essential for the educational purpose of this review, especially in difficult GB. ? Original publication should be cited for the "four tube sign". ? In "LUS And Anatomy": 5th section, citation of the mentioned surgeon or article should cited to help understanding. 7th section, can the data of 73%~100% be indicated in Table 3 ? ? In LUS and Inflammation: Is there any data of



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analysis rate of the fibrotic state, which is more important than inflammation state to use LUS. A comment about this issue is deserved in the abstract. Again, citation should be offered to the sentence of "avoiding conversion in 91% of patients" and the results of avoiding conversion should be implemented in the abstract. This is most attractive function of LUS for LC. ? In LUS and BDI: 3rd section, high recognition rate of BDE using LUS should be more precisely described. The conclusion of this article was " in cases of iatrogenic occlusion of the bile duct involving hemoclips". ? In LUS and CBDS: 3rd section, -- sentence of "confirmed a sensitivity and sensitivity rate for LUS", the latter sensitivity should be corrected for specificity? 4. There is no "Discussion" section. ? Can LUS detect aberrant ducts, such as right posterior segment or others, from cystic duct? ? Can LUS detect the ultra-short, short cystic duct or disappeared cystic duct from CBD? ? Can the author discuss about its use in most needed case of fibrotic state of difficult GB.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33257

Title: Ultrasonography as an Alternative to Intraoperative Cholangiography during Laparoscopic Cholecystectomy

Reviewer's code: 03474672

Reviewer's country: Brazil

Science editor: Jing Yu

Date sent for review: 2017-02-16

Date reviewed: 2017-02-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

ESPS Manuscript NO: 33257 Comments to Authors Ultrasonography as an Alternative to Intraoperative Cholangiography during Laparoscopic Cholecystectomy Dear authors, I enjoyed reviewing this paper. Well done and written. Very few studies have been investigated the ultrasonography as an alternative to intraoperative cholangiography during laparoscopic cholecystectomy to evaluate the anatomy. Otherwise I believe that some details could help you to do better. First more illustrated figures will clarify the technique. Other important information is mention in the kind of study it is: prospective non-randomized, retrospective trials or meta-analysis. I miss the discussion part and the study's limitation. I believe you could re-write the specific scenarios and the speed of the process, learning curve and cost building a discussion. It would be interesting if the authors could consider these suggestions. These constructive criticisms should assist the authors in improving their manuscripts and I will be pleasure in indicate this manuscript to publication.



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33257

Title: Ultrasonography as an Alternative to Intraoperative Cholangiography during Laparoscopic Cholecystectomy

Reviewer's code: 03477897

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2017-02-27

Date reviewed: 2017-03-09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Laparoscopic ultrasonography may now be performed on a routine basis. And it is written in textbook. What is the different idea current article? There are a lot of review about this topic. I think this issue is not very topical.