

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33520

Title: Single-operator cholangioscopy for biliary complications in liver transplant recipients

Reviewer's code: 03646539

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2017-02-14

Date reviewed: 2017-02-16

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

In this manuscript efficacy of single-operator cholangioscopy for biliary complications in liver transplant recipients are described. Interesting for included number being relatively large, prospective, very low incident of complication, and the results being novel. Major comments: Some limitations should be shown. Such as performed in potentially unnecessary cases or lengthened procedure time. Indication of ERCP should be shown not just biliary complications, and/or suspected biliary complications. Were cases of cholangitis included? Or were they included after resolution of cholangitis by biliary stents or naso-biliary drainage? Minor comments: Abstract: For the "aim", to evaluate what of cholangioscopy should be described. "non-anastomotic strictures in seven (31.8%)" might be mistaken. 7/26 would be 26.9%. Same for the main text. "A benefit of cholangioscopy was seen in 12 (46%) patients." 46% should be changed to 46.2%. Same for the main text. Conclusion differs a little bit for abstract and main text. "Procedural success" is not described. Introduction section: "Therefore, this study



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aimed to..... We aimed to.....” It would be better to put together the aims. Material and methods section: How was (were) the expertise of the endoscopist(s). “Visiglide” → “VisiGlide” Was sphincterotomy performed only if necessary? “Strictures were defined as an abrupt narrowing of the bile duct with delayed outflow of contrast media through the stricture.” The word to be defined should not be used in its definition. Results section: The superiority of cholangioscopy on ERC in detecting CBD stones is well understood. How were the results of other imaging modalities such as MRCP and EUS, if performed. Complication rate being very low (1/26). How were complications evaluated? Like by accordance to ASGE guideline. “Findings of ERCP During ERCP, anastomotic strictures were observed in 14 patients, non-anastomotic in seven, and stones in three. One patient showed bile duct kinking. In seven patients, ERCP showed no pathological results. Findings of cholangioscopy Cholangioscopy showed anastomotic strictures in 14 patients (Figure 1), non-anastomotic strictures in seven (Figure 2), biliary cast in three, and stones in six.” Unnecessary repetitions of prior paragraph. “Furthermore, cholangioscopy was superior to ERCP for detecting stones in three patients ($P < 0.008$) and cast in three patients ($P < 0.001$) that ERCP failed to detect in these patients.” How were these P values determined? Was it Fisher’s exact test? Like 3/26 vs 6/26 and 0/26 vs 3/26 or something? Plasmacytes not plasmocytes. Discussion section “SpyGlass DST” should be changed to “SpyGlass DSTM”. Bile culture and selection of antibiotics is very important. However, it has nothing to do with study aim and is not suitable to be stated as conclusion.



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Name of journal: World Journal of Gastroenterology

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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In my opinion the manuscript is fine and well written. In addition the manuscript is useful for physician facing with post liver transplant complication clearly documenting the superiority of cholangioscopy with respect to ERCP. Interestingly the superiority is clearly documented biliary stones, casts and unusual, but disereve finding as micotic ulcer