

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 41340

Title: Systematic review of cystic duct closure techniques in relation to prevention of bile duct leakage after laparoscopic cholecystectomy

Reviewer's code: 02822478

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-03

Date reviewed: 2018-08-03

Review time: 7 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The inconclusive findings are not unexpected and use of such terms as 'disappointing' should be deleted.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 41340

Title: Systematic review of cystic duct closure techniques in relation to prevention of bile duct leakage after laparoscopic cholecystectomy

Reviewer's code: 02549888

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-03

Date reviewed: 2018-08-03

Review time: 12 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Title is apt. Abstract conveys the right impression to the reader. Introduction is satisfactory. Materials and methods are well enlisted and elaborated. Statistical description is very good. Discussion should have contained the different presentations



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of cystic duct leakages. This would have made the review more interesting to the reader. It would have also added to the clinical application of the review. Minor changes in the wording is advisable to convey a clear message. Conclusion is well described. References: The referencing is excellent. Reflections: 1. The topic is a very important one which every general surgeon has to be aware of. 2. The review gives a fair per view of literature. 3. The clinical aspects of cystic duct injury should have been discussed. Remedial measures for cystic duct leakages in short would have been of advantage. 4. The conclusion unfortunately could not recommend any technique for prevention.

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- ☐ [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 41340

Title: Systematic review of cystic duct closure techniques in relation to prevention of bile duct leakage after laparoscopic cholecystectomy

Reviewer's code: 00097860

Reviewer's country: Israel

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-03

Date reviewed: 2018-08-04

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input checked="" type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Title: A systematic review of cystic duct closure techniques in relation to prevention of bile duct leakage after laparoscopic cholecystectomy (WJGIS - 41340) **Authors:** van Dijk et al. **Study Design:** meta-analysis **Authors Methodology and main results:**



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The authors evaluated 38 studies with 47,491 patients who underwent cholecystectomy. They compared different cystic duct closure techniques: metallic clip, locking clip, ligature and vessel sealing devices. Differences in cystic duct leaks, bile duct injury, and need for second closure technique were minor and did not achieve statistical significance. The pooled cystic duct leakage rate was 0-1% for each of the techniques. Most articles did not differentiate between patients operated for uncomplicated gallstone disease and patients with complicated gallstone disease (defined as patients with cholecystitis, biliary pancreatitis, or patients who underwent preoperative ERCP). Authors' conclusions: Though laparoscopic cholecystectomy is a frequently conducted surgical procedure, good quality evidence from high sample size trials is lacking to determine which cystic duct closure technique is superior with respect to prevention of CDL. Future studies should concentrate on closure techniques in patients undergoing surgery for complicated gallbladder disease, whose risk for cystic duct leakage is high. Reviewers Comments: Thank you for allowing me to review this manuscript. Though a "negative" study, this study is very important since it deals with a very common surgical procedure. The article is well written. The objective of this study is important. The authors reference their methods. The results are presented well. The conclusions are in agreement with the results. The limitations are described. The reference list is extensive. The authors convinced me. Any comment I may have is minor and will not improve this manuscript as is.

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