



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 67418

Title: Efficacy and safety of endoscopic transpapillary gallbladder drainage in acute cholecystitis: An updated meta-analysis

Reviewer's code: 03477653

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor, Research Scientist, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: United States

Manuscript submission date: 2021-04-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-04 16:37

Reviewer performed review: 2021-05-09 10:48

Review time: 4 Days and 18 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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 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 presented a systematic review of major literature evaluating the role of ETGBD for patients with acute cholecystitis. The subject could be of interest, however authors should address several concerns: **General:** - The manuscript needs a revision of wording. - The reference's numbering and format are incorrect. **Introduction:** - Some of the sentences are 5-row length, to be shortened. - The introductions should reflect the current status of the problem. Surgery is the gold standard for acute cholecystitis and percutaneous drainage is the ideal choice in patients unfit for surgery. This is what the guidelines say. Endoscopic treatment can be used when percutaneous drainage is not indicated and maybe in special situations (e.g., concomitant CBD stones) requiring ERCP. - Patient discomfort due to external drainage is an important drawback of percutaneous drainage, remember that 50% of the patients in your meta-analysis of ETGBD required the placement of a naso-biliary drainage. **Methods:** - The outcome clinical success should be calculated over the entire cohort. This is largely more meaningful than the current definition. - This is critical to have a secondary outcome focusing the overall complication rate (i.e., the % of patients presenting a complication), to date we have only the data from each separated complication. - Please include the information regarding all statistical software used for the study. **Results:** - "Characteristics of the included studies" first sentence's include 6 "performed". - Please report the total % of patients with any complications, and the pooled proportion of clinical success from the entire cohort. - The funnel plot to assess publication bias would be better if performed using one of the main outcomes. - **Discussion** - The discussion and conclusion should be reformatted. In my opinion there is no data coming from this meta-analysis supporting that endoscopic drainage has a clear advantage over the percutaneous, which is the gold standard to treat inoperable patients. Maybe the results for the endoscopy are not bad,



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but the readers cannot understand that both procedures can be used alternatively when surgery is not indicated. The current evidence, coming also from your results, is that ERCP treatments are difficult procedures with non-despicable rates of failure and complications. Then, except in extremely high expertise centers, they should be reserved to patients unfit for percutaneous drainage or requiring ERCP for other causes (e.g., CBD stones, stenting strictures...). - The potential implications of cystic duct stenting in a future cholecystectomy should be discussed. - To exclude non-English studies is a potentially critical source of bias that needs to be reflected at the limitations section.



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Title: Efficacy and safety of endoscopic transpapillary gallbladder drainage in acute cholecystitis: An updated meta-analysis

Reviewer's code: 05085508

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-04-23

Reviewer chosen by: AI Technique

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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 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
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SPECIFIC COMMENTS TO AUTHORS

This report is a good review summarizing previous review. This supports that ETGBD is a safe and efficacious procedure. Also, the references are extracted by many search methods such Pubmed, OVID, science direct, and google scholar, which is very doog. As the author comented, many retrospective studies have become a limitation.