

# PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery* 

Manuscript NO: 73594

**Title:** Subacute liver failure and respiratory failure after segmental hepatectomy for complicated bilateral hepatolithiasis with secondary biliary cirrhosis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05393032

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-11-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-26 09:46

Reviewer performed review: 2021-12-01 06:00

Review time: 4 Days and 20 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ Y] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

The authors presented a case of complicated hepatolithiasis which was treated by hepatectomy. As a result, the patient died due to the post hepatectomy liver failure. In the present case, there were so many stones in the biliary duct, and the patient had splenomegaly and splenic varices, and the C-P score was 7. Therefore, I believe liver transplantation should be performed in this case. But it is important to enlighten the etiology and the management of complicated biliary hepatolithiasis, because such a case is extremely rare in many areas excluding a part of Asia. So the present case is worthy to be published. However, I have some concerns. 1. As I mentioned above, the present case was not suitable for hepatectomy. Preoperatively, this point was discussed? The authors should describe this point in Case Presentation. 2. Figure 1 to 3 show similar findings, so the authors should summarize them into one or two Figures. Instead, the operation record or the operation photograph should be presented as a Figure.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01558248

**Position:** Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2021-11-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-03 01:10

Reviewer performed review: 2021-12-09 06:28

Review time: 6 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ Y] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No



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### SPECIFIC COMMENTS TO AUTHORS

This is a difficult case of hepatolithiasis for treatment. comments were listed as following;

1. Format of case report did not fit, such as the consultation contents in the article. In addition the figures were too many. 2. Hepatolithiasis combined 2nd biliary cirrhosis was frequently found and we have to pay attention and try to prevent the occurence of hepatic failure after surgery especially in the jaundiced patient. 3. In the first paragraphy of discussion, we can't understand of the relationship between post-cholecystectomy and 2nd biliary cirrhosis. 4. It is better to mention the role of intra-operative choledochoscopic lithotomy in this patient. It is very difficult to treat this patient without choledochoscope.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03668426

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Chile

Author's Country/Territory: China

Manuscript submission date: 2021-11-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-03 01:13

Reviewer performed review: 2021-12-11 11:55

Review time: 8 Days and 10 Hours

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	[ ] Accept (High priority)[ ] Accept (General priority)[ Y] Minor revision[ ] Major revision[ ] Pejection
Re-review	[Y]Yes []No



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## SPECIFIC COMMENTS TO AUTHORS

interesting case, please check your grammar to correct some minor mistakes.