

World Journal of *Gastrointestinal Surgery*

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MINIREVIEWS

- 731 Percutaneous direct endoscopic pancreatic necrosectomy
Vyawahare MA, Gulghane S, Titarmare R, Bawankar T, Mudaliar P, Naikwade R, Timane JM

ORIGINAL ARTICLE**Case Control Study**

- 743 Factors associated with hypertension remission after gastrectomy for gastric cancer patients
Kang B, Liu XY, Cheng YX, Tao W, Peng D

Retrospective Cohort Study

- 754 3D laparoscopic-assisted *vs* open gastrectomy for carcinoma in the remnant stomach: A retrospective cohort study
Wu D, Song QY, Li XG, Xie TY, Lu YX, Zhang BL, Li S, Wang XX
- 765 Nomogram to predict permanent stoma in rectal cancer patients after sphincter-saving surgery
Kuo CY, Wei PL, Chen CC, Lin YK, Kuo LJ

Retrospective Study

- 778 Pre-colonoscopy special guidance and education on intestinal cleaning and examination in older adult patients with constipation
Wang H, Wang Y, Yuan JH, Wang XY, Ren WX
- 788 Model established based on blood markers predicts overall survival in patients after radical resection of types II and III adenocarcinoma of the esophagogastric junction
Wei ZJ, Qiao YT, Zhou BC, Rankine AN, Zhang LX, Su YZ, Xu AM, Han WX, Luo PQ
- 799 Over-the-scope-grasper: A new tool for pancreatic necrosectomy and beyond - first multicenter experience
Brand M, Bachmann J, Schlag C, Huegle U, Rahman I, Wedi E, Walter B, Möschler O, Sturm L, Meining A
- 809 Identifying survival protective factors for chronic dialysis patients with surgically confirmed acute mesenteric ischemia
Liau SK, Kuo G, Chen CY, Lu YA, Lin YJ, Lee CC, Hung CC, Tian YC, Hsu HH
- 821 Efficacy of staple line reinforcement by barbed suture for preventing anastomotic leakage in laparoscopic rectal cancer surgery
Ban B, Shang A, Shi J

Observational Study

- 833 Early detection of colorectal cancer based on circular DNA and common clinical detection indicators
Li J, Jiang T, Ren ZC, Wang ZL, Zhang PJ, Xiang GA

CASE REPORT

- 849 Recurrent small bowel obstruction secondary to jejunal diverticular enterolith: A case report
Lee C, Menezes G
- 855 Interventional radiology followed by endoscopic drainage for pancreatic fluid collections associated with high bleeding risk: Two case reports
Xu N, Li LS, Yue WY, Zhao DQ, Xiang JY, Zhang B, Wang PJ, Cheng YX, Linghu EQ, Chai NL

LETTER TO THE EDITOR

- 862 Sirolimus *vs* tacrolimus: Which one is the best therapeutic option for patients undergoing liver transplantation for hepatocellular carcinoma?
Ahmed F, Zakaria F, Enebong Nya G, Mouchli M
- 867 Statistical proof of *Helicobacter pylori* eradication in preventing metachronous gastric cancer after endoscopic resection in an East Asian population
Karbalaei M, Keikha M
- 874 Risk prediction of common bile duct stone recurrence based on new common bile duct morphological subtypes
Saito H, Tada S

ABOUT COVER

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Risk prediction of common bile duct stone recurrence based on new common bile duct morphological subtypes

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Abstract

Stones in the common bile duct (CBD) are reported worldwide, and this condition is majorly managed through endoscopic retrograde cholangiopancreatography (ERCP). CBD stone recurrence is an important issue after endoscopic stone removal. Therefore, it is essential to identify its risk factors to determine the necessity of regular follow-up in patients who underwent endoscopic removal of CBD stones. The authors identified that the S and polyline morphological subtypes of CBD were associated with increased stone recurrence. New morphological subtypes of CBD presented by the authors can be important risk predictors of recurrence after endoscopic stone removal. Furthermore, the new morphological subtypes of CBD may predict the risk of residual CBD stones or technical difficulty in CBD stone removal. Further studies with a large sample size and longer follow-up durations are warranted to examine the usefulness of the newly identified morphological subtypes of CBD in predicting the outcomes of ERCP for CBD stone removal.

Key Words: Endoscopic retrograde cholangiopancreatography; Common bile duct stone; Stone removal; Recurrence; Common bile duct morphology; Risk prediction

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Core Tip: It is important to identify the risk factors associated with the recurrence of common bile duct (CBD) stones after endoscopic treatment as it helps determine the necessity of regular follow-up in patients who underwent endoscopic CBD stone removal. CBD morphology can be an important predictor of stone recurrence after endoscopic stone removal. Further studies with a large sample size and a longer follow-up period are warranted to examine the efficacy of the new CBD morphological subtypes presented by the authors for predicting endoscopic retrograde cholangiopancreatography outcomes after CBD stone removal.

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TO THE EDITOR

We read with interest the retrospective cohort study by Ji *et al*[1]. In their study, the authors presented that the morphologies of the common bile duct (CBD), especially the S and polyline types, were associated with increased recurrence of CBD stones. Identifying the risk factors for recurrence after endoscopic stone removal is important to determine the necessity of regular follow-up examination for patients who underwent endoscopic removal of CBD stones.

Several studies have reported the risk factors of CBD stone recurrence after endoscopic treatment[2-6]. To the best of our knowledge, this is the first study to demonstrate that CBD morphology can be associated with CBD stone recurrence after endoscopic treatment. The new morphological subtypes of CBD presented in this study can be important predictors of the risk of CBD stone recurrence after endoscopic CBD stone removal.

Several aspects of this study need to be discussed. First, the recurrence of cholesterol CBD stones, which account for 10% of all CBD stones[7], was not evaluated in this study because CBD stones reported in this study were diagnosed using abdominal computed tomography. Furthermore, the follow-up protocol for evaluating stone recurrence was unclear. Second, CBD morphology was evaluated using a cholangiogram from an endoscopic nasobiliary drainage (ENBD) tube; however, evaluating CBD morphology using magnetic resonance cholangiopancreatography before endoscopic treatment may be a better option as the shape of the ENBD tube may affect the CBD morphology. Third, the new CBD morphological subtypes suggested by the authors may be useful for predicting residual stones after endoscopic removal as the CBD morphology may be responsible for the technical difficulties associated with endoscopic CBD stone removal. Finally, the authors' new CBD morphological subtypes were not risk predictors of multiple stone recurrence in this study, which included a small sample size and a short follow-up period of 19 mo; however, the author's new CBD morphological subtypes may have the potential to predict multiple stone recurrence. Therefore, further studies with a larger sample size and a longer follow-up period are warranted to investigate the usefulness of the new CBD morphological subtypes for predicting the outcomes of endoscopic retrograde cholangiopancreatography for endoscopic CBD stone removal.

FOOTNOTES

Author contributions: Saito H wrote the letter; Tada S revised the letter.

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REFERENCES

- 1 **Ji X**, Yang Z, Ma SR, Jia W, Zhao Q, Xu L, Kan Y, Cao Y, Wang Y, Fan BJ. New common bile duct morphological subtypes: Risk predictors of common bile duct stone recurrence. *World J Gastrointest Surg* 2022; **14**: 236-246 [PMID: 35432763 DOI: 10.4240/wjgs.v14.i3.236]
- 2 **Cheon YK**, Lehman GA. Identification of risk factors for stone recurrence after endoscopic treatment of bile duct stones. *Eur J Gastroenterol Hepatol* 2006; **18**: 461-464 [PMID: 16607138 DOI: 10.1097/00042737-200605000-00001]
- 3 **Ando T**, Tsuyuguchi T, Okugawa T, Saito M, Ishihara T, Yamaguchi T, Saisho H. Risk factors for recurrent bile duct stones after endoscopic papillotomy. *Gut* 2003; **52**: 116-121 [PMID: 12477771 DOI: 10.1136/gut.52.1.116]
- 4 **Sugiyama M**, Atomi Y. Risk factors predictive of late complications after endoscopic sphincterotomy for bile duct stones: long-term (more than 10 years) follow-up study. *Am J Gastroenterol* 2002; **97**: 2763-2767 [PMID: 12425545 DOI: 10.1111/j.1572-0241.2002.07019.x]
- 5 **Seo DB**, Bang BW, Jeong S, Lee DH, Park SG, Jeon YS, Lee JI, Lee JW. Does the bile duct angulation affect recurrence of choledocholithiasis? *World J Gastroenterol* 2011; **17**: 4118-4123 [PMID: 22039327 DOI: 10.3748/wjg.v17.i36.4118]
- 6 **Kawaji Y**, Isayama H, Nakai Y, Saito K, Sato T, Hakuta R, Saito T, Takahara N, Mizuno S, Kogure H, Matsubara S, Tada M, Kitano M, Koike K. Multiple recurrences after endoscopic removal of common bile duct stones: A retrospective analysis of 976 cases. *J Gastroenterol Hepatol* 2019; **34**: 1460-1466 [PMID: 30761603 DOI: 10.1111/jgh.14630]
- 7 **Stinton LM**, Shaffer EA. Epidemiology of gallbladder disease: cholelithiasis and cancer. *Gut Liver* 2012; **6**: 172-187 [PMID: 22570746 DOI: 10.5009/gnl.2012.6.2.172]



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