

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 78449

Title: Timing of endoscopic retrograde cholangiopancreatography in the treatment of acute cholangitis of different severity

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03199608

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Physician, Director, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-28 20:58

Reviewer performed review: 2022-06-28 21:54

Review time: 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

683 patients with AC were retrospectively analysed. Results were first compared between patients receiving ERCP ≤ 24 hours (h) and > 24 h, and then between patients receiving ERCP ≤ 48 h and > 48 h. Subgroup analyses were performed on patients with grade III, II, or I AC. The primary outcome was 30-day mortality. Secondary outcomes were intensive care unit (ICU) admission rate, length of hospital stay (LOHS), and 30-day readmission rate. The results might have significance to clinical practice. ERCP ≤ 48 h but not ≤ 24 h was associated with a survival benefit in patients with grade III AC. Early ERCP shortened LOHS in patients with grade II and I AC. Please kindly find the attached doc. for reference.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 03534021

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Taiwan

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Reviewer accepted review: 2022-07-03 06:49

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Review time: 4 Days and 4 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
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**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

The authors conducted the study to investigate whether timing of ERCP was associated with improved outcomes in different severity of AC patients with a variety of etiology. As the results, ERCP \leq 48h conferred a survival benefit in patients with grade III AC and in multivariate analysis, cardiovascular dysfunction and time to ERCP were two independent factors associated with 30-day mortality. They recommended emergency ERCP \leq 48h but not \leq 24h for grade III AC patients with cardiovascular dysfunction. I have read the article with interest. In 2021, the term “gallstone cholangiopancreatitis” was proposed to specify gallstone pancreatitis that needs urgent ERCP. Gallstone cholangiopancreatitis is defined as severe disease with minimal or mild pancreatitis complicated with life-threatening AC caused by ampullary stones with persistent biliopancreatic obstruction.[1] For future clinical trials on the role of urgent ERCP for gallstone pancreatitis, American Gastroenterological Association has made a recommendation that the timing of the ERCP intervention should be 24-48h after diagnosis: 24h to allow spontaneous passage of the stones and 48h to ensure that prolonged biliary obstruction does not occur,[2] which is consistent with your conclusion. Here, a question and a comment; In Table 2, indications of ERCP are listed, common bile duct stones being 508 (74.4%), flowed by malignant obstruction 70 (10.2%), stent dysfunction 61 (8.9%), and so on. Then, of the 508 patients with bile duct stones, how many patients had gallstone pancreatitis? My comment is that the numbers of alkaline phosphatase, γ -glutamyltransferase, aspartate aminotransferase, and alanine aminotransferase (and amylase, if available) might as well be listed in Table 1 to better help understand the characteristics of the study patients. References 1 Isogai M.



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Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography. *World J Gastrointest Endosc* 2021 October 16; 13(10): 451-459 [PMID: 34733406 DOI:10.4253/wjge.v13.i10.451] 2 VegeSS, DiMagno MJ, Forsmark CE, Martel M, Barkun AN. Initial Medical Treatment of Acute Pancreatitis: American Gastroenterological Review. *Gastroenterology* 2018; 154: 1103-1139 [PMID: 29421596 DOI: 10.1053/j.gastro.2018.01.031]