

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 81268

Title: Current management of concomitant cholelithiasis and common bile duct stones

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05848564

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: Greece

Manuscript submission date: 2022-11-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-06 08:37

Reviewer performed review: 2022-11-11 17:22

Review time: 5 Days and 8 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Accept (High priority) <input checked="" 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Several meta-analyses have compared single-stage with two-stage management without a reliable conclusion, considering that the two therapeutic strategies are equally safe and feasible for the management of concomitant CBD stones and gallstones. A debate still exist, this MiniReview evaluated the current management options of concomitant gallbladder and CBD stones, highlighting the updated knowledge. I have only one minor revision: For rendez-vous thecnique you correctly cite the article of Lin Y. underline the longer operative time of the technique. However, there is a recent article of Lagoucardou et al. in which they demonstrate the significantly shorter time of endoscopic time in rendezvous groups when compared with the two-stage approach. Please cite this paper: Lagouvardou E, Martines G, Tomasicchio G, Laforgia R, Pezzolla A, Caputi Iambrenghi O. Laparo-endoscopic management of chole-choledocholithiasis: Rendezvous or intraoperative ERCP? A single tertiary care center experience. Front Surg. 2022 Aug 31;9:938962. doi: 10.3389/fsurg.2022.938962. PMID: 36117813; PMCID: PMC9470774

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Peer-review model: Single blind

Reviewer's code: 05118195

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Staff Physician, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Spain

Author's Country/Territory: Greece

Manuscript submission date: 2022-11-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-12 08:42

Reviewer performed review: 2022-11-20 11:10

Review time: 8 Days and 2 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The abstract length is too long. It would be interesting if it would be shortened. It is notice the absence of figures illustrating the manuscript. The inclusion of some images will make the article less rough to read. In the Introduction page 4 it is said "A study from the USA found that laparoscopic cholecystectomy...was better than preoperative MRCP in terms of effectiveness and cost analysis [7]". It is not cleared what it was better for. This study was based in a mathematical model but the practical consequences of the article are not defined.