



## PEER-REVIEW REPORT

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

**Manuscript NO:** 82432

**Title:** Maternal choledochal cysts in pregnancy: a systematic review of case reports and case series

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06221767

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Researcher, Staff Physician

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Croatia

**Manuscript submission date:** 2022-12-20

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-26 17:24

**Reviewer performed review:** 2023-01-01 19:30

**Review time:** 6 Days and 2 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

In this paper, the authors systematically review choledochal cysts during pregnancy. The authors do a great job at highlighting why the paper is important. First, there are limited studies looking at choledochal cysts in the perinatal population and second, understanding the behavior of choledochal cysts in the perinatal population can influence clinical management. The authors should be congratulated on the amount of data they reviewed. They found that while rare, choledochal cysts should be included in the differential of liver injury, jaundice and RUQ pain in pregnancy. They offer good perspective on management in these patients based on a the largest data set currently available. This paper would contribute new concepts to the available literature on this under-represented topic in the literature. In general – the following things should be addressed prior to publication to improve the quality of the article (please see attached document for more thorough line by line feedback:):

- There is inconsistent within the results regarding the number of patients in each model. This is concerning that maybe data analysis should be re-checked for accuracy.
- The authors describe two models they created but present the results for 4. In the models, there is no explanation as to



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why certain variables were included and how the authors selected those models. There is not discussion as to whether these models fit the data well (analysis of AUC or C statistic or goodness of fit). - Extraneous text should be removed from sections and authors should ensure the content of each section is correct. For example, results sections should include results from the study and not definitions. - The authors should comment on the number of non-English articles were used and how that data was translated or accessed correctly. - Extraneous text should be removed from sections and authors should ensure the content of each section is correct. For example, results sections should include results from the study and not definitions. - The Discussion is far too long as it is currently written - 2843 words not including limitations and conclusions (3143 words total). Removing the first 15 lines may help reduce this and keep text relevant. Further, the discussion is both somewhat repetitive and also there are instances where new data is presented in the results (e.g. indications for urgent cesarean section). - Note - This reviewer was unable to review tables and figures as they were not uploaded in the text file or any of the other available files.



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**Reviewer's code:** 03727205

**Position:** Peer Reviewer

**Academic degree:** FACS, MBBS, MCh, MS

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** Croatia

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<b>Scientific quality</b>	<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
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

I have read the review by Augustin et al. on maternal choledochal cyst during pregnancy and its impact on maternal and infant outcome. The manuscript is well-written and is relevant clinically. I am attaching my comments below-

- The studies were included from 1930s to 2020. The radiological, operative and intensive care facilities (that determine the maternal and child outcome) were underdeveloped in earlier times. Authors also have mentioned about this disparity in the discussion section.
- All patients were diagnosed only after becoming symptomatic? Is there any information on number of patients diagnosed incidentally during antenatal ultrasound/imaging?
- Adding information on any prior biliary intervention like ERCP, cholecystectomy would be useful.
- Patients with giant CDC usually have recurrent episode of cholangitis and so there are adhesions around the cyst. In some patients complete cyst excision is not possible due to adhesion of cyst with portal vein and so Lily's procedure needs to be performed. Adding detail of the surgery performed will be helpful to the readers.
- Unusually large cyst size has been reported in this study. Incidence of CDC is high in Asian population and may females present with symptoms



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in their 40th or 50th decade. Most of these patients have had uneventful pregnancies in the past. Still, finding giant CDC in these females is very rare. 6. Early complications and outcome of cyst excision+ reconstruction should be mentioned. Is the rate of bile leak, pancreatitis, infections etc. different from non-pregnant women?