Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 84041

Title: Type I Mirizzi syndrome treated by electrohydraulic lithotripsy under the direct view of SpyGlass: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03262127
Position: Peer Reviewer
Academic degree: MD, PhD

Professional title: Surgeon

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2023-02-22

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-18 08:56

Reviewer performed review: 2023-03-30 02:36

Review time: 11 Days and 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [Y] Yes [ ] No

SPECIFIC COMMENTS TO AUTHORS

A case report of type I Mirizzi syndrome treated by electrohydraulic lithotripsy under the direct view of Spyglass (Title) - SpyGlass is a brand name, and here and below in the text it should be written that way (SpyGlass, not Spyglass). #They are co-first authors (Authorship) - Designation of co-first authors and co-corresponding authors is not permitted (please see Guidelines for Manuscript Preparation and Submission: Case Report). To be corrected! ORCID number: 0000-0002-1871-6686 - whose number is this exactly? hyperamyloemia (Abstract) - hyperamylasemia is right. Key Words can be modified. E.g., the word "Spyglass" should be replaced with "peroral cholangioscopy"; it will be better to remove "ENBD" and add "obstructive jaundice". Mirizzi syndrome is a rare clinical syndrome characterized by stenosis or obstruction of the common hepatic duct or common bile duct due to stones incarcerated in the cystic duct or the neck of the gallbladder (Introduction) - this definition is not complete. It omits the second part, which deals with cholecystobiliary fistulas. Perhaps the authors left only that part of the definition that is relevant to their case, but from a scientific point of view, this approach is incorrect. electrohydraulic lithotripter, and laser lithotripter (Introduction) -

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

"electrohydraulic and laser lithotripsy" is better. pain without causes (Case Presentation) - a bad expression. To be replaced. stones in the posterior segment of the duodenum (Case Presentation) - I think, this is a translation error. Maybe, in the retroduodenal part of the common bile duct? history of "hypertension" for 10 years and therefore had been taking oral "felodipine" (Case Presentation) - "history of arterial hypertension for 10 years and therefore had been taking oral felodipine" is better. After admission, the patient was diagnosed with the following diseases: 1. common bile duct stones and acute cholangitis; 2. multiple gallbladder stones and cholecystitis (Case Presentation). - I think, here, the diagnosis is formulated inconsistently and vaguely. My version: "Acute calculous cholecystitis. Choledocholithiasis? Mirizzi syndrome? Obstructive jaundice". Some comments are required here. I believe that the patient had acute cholecystitis, not chronic - this is confirmed by CT data - the gallbladder is enlarged, distended, its wall is thickened. This must be strongly indicated in the diagnosis. Conversely, I believe that the patient did not have acute cholangitis. Both clinical ("...without chills or fever") and laboratory (absence of leukocytosis) data support my opinion. The patient underwent endoscopic sphincterotomy and balloon dilation under endoscopic retrograde cholangiography at our endoscopy center on August 30, 2022, because she presented with acute cholangitis, jaundice, and abnormal bilirubin and liver enzymes, suggesting extrahepatic biliary obstruction, with ERCP indications (Page 4) - I think, the second part of the sentence (after 2022) is absolutely unnecessary. To be removed. dilation of the common hepatic duct and intrahepatic bile duct (Page 4) - "intrahepatic bile ducts" is right. the gallbladder was visualized with multiple filling defect shadows in the gallbladder (Page 4) - "in the gallbladder" is an excessive part of the sentence and should be removed. stones incarcerated in the cystic duct, partially in the bile duct, were seen under the direct view (Page 4) - what does it mean? This phrase is worded rather poorly. It can be understood in two ways. You might think that the

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

patient had a combination of Mirizzi syndrome and choledocholithiasis, but then this should be clearly indicated in the text of the article. The second option, in my opinion, is more probable - the stone impacted in the cystic duct partially went out into the lumen of the common bile duct. The sentence needs to be changed so that it is interpreted unambiguously. After lithotripsy, the stones were repeatedly removed with the Dormia basket and retrieval balloon (Page 4) - I suggest adding "action area" to the sentence, e.g., "...removed from the cystic duct..." or "...removed from the gallbladder cavity...". This can be important for the common reader. disappeared on the second cholangiopancreatography (Page 4) - "on the control ERCP" is shorter and more precise. ...and biliary drainage was unobstructed (Page 4) - "... and biliary obstruction was completely resolved" is much better. The patient was postoperatively diagnosed with Mirizzi syndrome with cystic duct stones and stenosis of the junction of the cystic duct and common hepatic duct (inflammation was considered) - Page 4. As with the preoperative diagnosis, I cannot agree with your interpretation. I think the following is correct: "...with acute calculous cholecystitis complicated by Mirizzi syndrome (type I) with cystic duct stones, and obstructive jaundice". As for the second part of the sentence ("and stenosis of the junction of the cystic duct and common hepatic duct (inflammation was considered)"), I propose to remove it completely. The fact of the presence of such a stricture in this case cannot be proved - the lumen of the cystic duct can be very narrow without any inflammation (in normal conditions). And the fact that you managed to pass through the cystic duct with a basket and a balloon makes your diagnosis unlikely. The patient underwent endoscopic sphincterotomy and dilation, lithotripsy, and lithotomy under endoscopic retrograde cholangiography, as well as endoscopic naso-biliary drainage (ENBD) and endoscopic retrograde pancreatic drainage (Page 4) - I propose to remove this sentence as an unnecessarily repeated. In addition, a pancreatic duct stent was placed prophylactically (page 4) - I propose to place this sentence before

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

"The patient was postoperatively diagnosed...". After surgery, no ERCP-related complications occurred... (Page 4) - I believe the information in the abstract is more truthful (After the operation, the patient developed transient hyperamylasemia. Through a series of symptomatic treatments (such as fasting water and anti-inflammation), the patient was improved and discharged). More probably, it was non-severe post-ERCP acute pancreatitis. I recommend that you add some information: when the clinical picture of pancreatitis developed, what was the maximum increase in amylase, what treatment was carried out and when the patient was discharged. FINAL DIAGNOSIS：Mirizzi's syndrome with gallbladder duct stones; stricture at the junction of the cystic duct and common hepatic duct (inflammatory considered) - see my comment (regarding diagnosis) above. The paragraph called "Treatment" can be completely removed because the information contained in it completely repeats the above. yellow urine was better than before, yellow skin staining (Page 5) - "her jaundice gradually resolved" is better. After the operation, there were no ERCP-related complications and gradually decreased liver function indicators (such as bilirubin). Therefore, it's planned to perform laparoscopic cholecystectomy (LC) or open cholecystectomy (OC). - Page 5 - to be removed! Unnecessary repetition! The patient underwent LC after the operation half a year, with no recurrence (Page 5) - "Six month later, the patient underwent laparoscopic cholecystectomy without complications" is better. (1) the gallbladder duct is closely parallel to the common hepatic duct; (2) the gallbladder stone is incarcerated in the Hartmann's pouch or gallbladder duct (Page 6) - please use the term "cystic duct" instead of "gallbladder duct" (presented twice!) type V, any types of Mirizzi syndrome combined with gallbladder-bile duct fistulas (Page 6) - this is a gross mistake! Type V is a combination of cholecystobiliary fistula with cholecystoenteric fistula, with gallstone ileus or without it. The long paragraph ending with [3] (Page 6) - apparently this citation is incorrect. You describe the Beltran

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

classification, so refer to Beltran! In the cited work [3] there is no such detailed description, there is only a drawing. relatively reliable basis for the diagnosis of Mirzzi syndrome (Page 6) - "... relatively reliable diagnostic basis" is better. Moreover, ERCP is necessary to improve the accuracy of the preoperative diagnosis of Mirizi syndrome (Page 6) - "of Mirizzi syndrome" just can be removed. ...diagnosis of Mirizzi syndrome and can elevate the rate of the preoperative diagnosis of Mirizzi syndrome (Page 7) - "preoperative diagnosis of this condition" seems to be better. SpyGlass is indicated for the treatment of massive bile duct stones, partial cystic duct stones, gallbladder flushing and drainage, partial intrahepatic bile duct stones, common bile duct stones, and suspect occupied lesions of bile ducts (Page 8) - this sentence is looking bad. To be corrected. images of the common bile duct, cystic duct, and hilar on the screen (Page 8) - "images of the whole biliary tree..." is better. Please add to the Conclusion some thoughts regarding possible complications of the method. Your Conclusion is looking "too sweet". Figure 1 - pictures are of low quality. If possible, replace the photo from the film with an electronic image. Please add some arrows and arrowheads into the pictures in the Figures 1 and 2, and relevant explanations to the legends. And finally: to the discussion section where the authors wrote about the various classifications of Mirizzi syndrome, I recommend adding the classification of Morelli et al. (1978), which distinguishes between acute and chronic forms of the syndrome. In the observation of the authors, as I believe, there was precisely an acute form. To the Reference List, respectively, you also need to add this work (Endoscopy. 1978 May;10(2):109-12. doi: 10.1055/s-0028-1098275. Can Mirizzi syndrome be classified into acute and chronic form? An endoscopic retrograde cholangiography (ERC) study. A Morelli, F Narducci, R Ciccone)

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 84041

Title: Type I Mirizzi syndrome treated by electrohydraulic lithotripsy under the direct view of SpyGlass: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02845080
Position: Peer Reviewer
Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS
Professional title: Associate Professor, Director, Surgical Oncologist
Reviewer's Country/Territory: Singapore
Author's Country/Territory: China

Manuscript submission date: 2023-02-22

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-24 00:26

Reviewer performed review: 2023-04-24 07:30

Review time: 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No creativity or innovation

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

A. Abstract 1. Mirizzi syndrome is NOT "rare". It is "uncommon". 2. A case CANNOT 'underwent". Instead - A patient with xxx diagnosis was treated with xxxx modality. Please give respect to patient as a person and not mention as a "case". 3. You did not do cholecystectomy? 4. A case of 1 patient can only say - it is feasible and not unsafe. It cannot tell about effectiveness or safety. So edit. B. Case report 1. Delete the dates please as it can identify a patient. This is wrong and breaches privacy. 2. Page 4 last line - was lap or open scheduled? Was it actually done or just scheduled and not done? Pls tell clearly. C. Discussion 1. Surgical discussion on page 6-7 does not mention about - bail out strategies, laparoscopic subtotal cholecystectomy to reduce bile duct injury (PMID - 31701285) It also should include on-table consults to HPB surgeons if there are technical or anatomicaly issues (PMID - 35367147). 2. Just like innovation in endoscopic technology, there are innovations in surgical technology that can help to reduce bile duct injury in Mirizzi syndrome patients - like indocyanine green dye use to delineate biliary anatomy (PMID - 33398590)