

## PEER-REVIEW REPORT

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

**Manuscript NO:** 88690

**Title:** Classification of Anatomical Morphology of Cystic Duct and Its Association with Gallstone

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

**Peer-review model:** Single blind

**Reviewer's code:** 01438831

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Surgeon

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

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

**Manuscript submission date:** 2023-10-05

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-24 05:45

**Reviewer performed review:** 2023-11-28 23:11

**Review time:** 4 Days and 17 Hours

Scientific quality	<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 Grade E: Do not publish
Novelty of this manuscript	<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 novelty
Creativity or innovation of this manuscript	<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 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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Yes <input checked="" 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

This is a paper on anatomical morphology of cystic duct. The study is a great work that contributes to biliary operations, especially for laparoscopic cholecystectomy. It is understandable that a tortuous cystic duct may cause gallstones. I have one question. If bile stasis or viscosity has something to do with gallstone, how about a diameter of cystic duct?

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**Reviewer's code:** 05506838

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgeon

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

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

**Manuscript submission date:** 2023-10-05

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-30 15:02

**Reviewer performed review:** 2023-12-05 14:45

**Review time:** 4 Days and 23 Hours

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

## SPECIFIC COMMENTS TO AUTHORS

In this paper, the authors performed a retrospective case-control study with the aim of classifying the morphology of the cystic duct to guide future clinical practice. In particular, they found that the conformation of the cystic duct was a risk factor for gallstone formation. I read the article with great interest, and my suggestions for improvement are as follows. - In the abstract, Methods section, I suggest changing the first sentence as follow: "A total of 300 patients were retrospectively enrolled from October 2021 to January 2022." - In the Introduction, abbreviations between brackets at the first mention of some terms are missing. Please, check and revise the manuscript accordingly. - In the Discussion, page 11, I suggest removing the sentence "This seems self-contradictory" at the beginning of the fourth paragraph and, moreover, I suggest changing the last sentence of the same paragraph as follow: "Therefore, the use of the near-infrared imaging with ICG technique for cholecystectomy should be taken into consideration, especially in patients with anatomical variants of the CD." - In the Discussion, fifth paragraph, page 12, I suggest removing the sentence "The RPD into the CD was not seen in 300 patients" considering that the same concept has been reported in



**Baishideng  
Publishing  
Group**

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

the same paragraph. Please, try to be less repetitive and more precise in your affirmations regarding your study. - In the Discussion, page 14 - point n°3 "Mucous membrane repair", please add a reference supporting your statement. - The Legend of Figure 1 is scant and should be improved. - English language quality is quite good, but a native English speaker could probably help improve it further.

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**Reviewer's code:** 03534021

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-10-05

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-12-01 13:39

**Reviewer performed review:** 2023-12-17 09:45

**Review time:** 15 Days and 20 Hours

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

## SPECIFIC COMMENTS TO AUTHORS

In this study, the univariate analysis showed differences between gallstone and non-gallstone groups in anatomical variations of the cystic duct (CD), and the multivariate analysis demonstrated morphology of the CD, which Zhu et.al. divided into four types, was significantly associated with gallstones. The authors concluded that a tortuous CD, which is classified as N-shaped, S-shaped, or W-shaped CD, is an important cause of gallstone formation, bile stasis, increased bile viscosity, and damage to the mucosa of the CD of mucus membrane, contributing to the stone formation. They also emphasized that when there are anatomical variations of the CD, the CD becomes longer, and the longer the CD is, the more likely it is to become tortuous, which not only leads to development of stones but also prone to bile duct injury during laparoscopic cholecystectomy. The authors also mentioned the usefulness of the near-infrared imaging with indocyanine green for cholecystectomy to minimize bile duct injury, that provides good visualization of the biliary tract anatomy. This article is interesting in relating stone formation to the variation of the CD. My comments are as follows: As the authors noted, there was no difference in the intrahepatic biliary anatomy in both groups.

However, the variations in the intrahepatic anatomy are exhaustively explained. Thus, the Figure 2 might be deleted. Rather, I think it is better to explain intra- and extra-hepatic anatomical variations of the CD in more detail. Figure 2 is a little bit difficult to understand, and would be better be simplified. Abbreviations should be defined upon first mention in the text. e.g. EHBD, RPD