

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 19633

Title: Management issues in post living donor liver transplant biliary strictures

Reviewer's code: 00009417

Reviewer's country: Germany

Science editor: Jing Yu

Date sent for review: 2015-05-15 20:57

Date reviewed: 2015-07-24 00:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The clinically relevant review summarizes the current knowledge about diagnosis and treatment of biliary strictures in living donor liver transplantation (LDLT). The review is well-illustrated and gives a practical guideline. Comments 1. All abbreviations should be introduced; e.g. LDLT, DDLT, CHD. 2. It is ruled out that donor bile ducts do not respond to distal obstruction in the same extent of dilatation as the non transplant liver. The phenomenon could be of relevance to underestimate strictures. A short comment could be helpful. 3. In Figure 2: The legend is not fully visible. 4. In Figure 4: an overlay of two images is given.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 19633

Title: Management issues in post living donor liver transplant biliary strictures

Reviewer's code: 03251423

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2015-05-15 20:57

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Paper contains a classical summary of endoscopic treatment for Post LDLT biliary strictures. I think that there are major and minor problems. Major revisions: Authors should mention about magnetic compression anastomosis for Post LDLT biliary strictures (1. Parlak E, Küçükay F, Kutsal A?, Eminler AT, Uslan M?, Yılmaz S. Recanalization of complete anastomotic biliary obstruction after living donor related liver transplantation with a novel through-the-scope magnet. Liver Transpl 2015; 21: 711-712. doi: 10.1002/lt.24084. 2. Jang SI, Kim JH, Won JY, Lee KH, Kim HW, You JW, et al. Magnetic compression anastomosis is useful in biliary anastomotic strictures after living donor liver transplantation. Gastrointest Endosc 2011; 74: 1040-1048. doi: 10.1016/j.gie.2011.06.026.) Authors should mention about EUS-guided ERCP with or without magnetic compression anastomosis for Post LDLT biliary strictures (3. Perez-Miranda M, Aleman N, de la Serna Higuera C, Gil-Simon P, Perez-Saborido B, Sanchez-Antolin G. Magnetic compression anastomosis through EUS-guided choledochoduodenostomy to repair a disconnected bile duct in orthotopic liver transplantation. Gastrointest Endosc 2014; 80: 520-521. doi: 10.1016/j.gie.2014.06.042.) Authors should mention about classification of non-anastomotic biliary strictures after LDLT. Differences of endoscopic

treatments and outcomes between anastomotic versus non-anastomotic? Minor revisions: Authors mentioned that 'We do not use balloon dilatation in first ERCP for the fear of anastomotic disruption.'. How many patients with fear of anastomotic disruption have been reported in the literature due to the use of balloon dilatation in first ERCP?. Is there any experience or reference for this conclusion? As authors mentioned, angulation (S-shaped stricture) is a serious problem in Post LDLT biliary strictures. There exist a different endoscopic method recommended for this difficult condition (Ersoz G, Tekin F, Ozutemiz O, Tekesin O. Endoscopy. 2007;39 Suppl 1:E332. doi: 10.1055/s-2007-966559.). Living donor liver transplant should be written instead of LDLT in the topic of the article. LDLT and DDLT should not be used as (abreveation) in the abstract. Table 1: reference instead of 'study', country instead of 'place', months instead of 'mo'. Define abreveations in table 3 such as ABS, MRCP, etc. What is 'NAS' in figure 2? Non-anastomotic stricture?