

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19276

Title: Duodenal injury post laparoscopic cholecystectomy: Incidence, mechanism, management and outcome

Reviewer's code: 03294293

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2015-05-08 20:49

Date reviewed: 2015-06-18 18:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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	
		[Y] No	

COMMENTS TO AUTHORS

thank you for reviewing this uncommon subject.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19276

Title: Duodenal injury post laparoscopic cholecystectomy: Incidence, mechanism, management and outcome

Reviewer's code: 02550162

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2015-05-08 20:49

Date reviewed: 2015-06-23 08:23

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 checked="" 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input 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 checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input 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

This is a good review of an uncommon, but potentially fatal problem. Overall it warrants publication, though I have quite a few comments to make. Abstract: There were 74 cases, but the percentages are all based on lower numbers. Usually significantly lower, like there were only 24 cases with demographic details. I think the way it's written in the abstract is misleading about this number. Regarding the difference of the period of detection, 1.7 vs 3.25 days, this would be strengthened with a p value. Manuscript: Methods: The results have been included in the methods section, and should be separated out. The word "where" is written as "were" multiple times. The time of detection for patients who survived is different than in those that died. Though there are only 26 cases with data, is it possible to show this another way? I'd be curious to know how many survived in those discovered "on table". How many of those picked up in the first day? How many of days 2-3, days 4-6, and days 7 and later. This might give a better picture of how critical it is to pick this up early. Mechanism of injury: injuries with verres needle declining. Is this really because more surgeons are preferring the open technique? Or perhaps surgeons are getting better at verres technique? Or perhaps they

are not reporting injuries anymore because it's not worthy of a case report anymore. I'd avoid this editorialization if not fully backed up with facts. Same in the next paragraph where the author says injury come from "injudicious" use of cautery. That adjective is very accusatory and should be avoided. Later in this paragraph the authors suggest thermal injury can be prevented by checking the instruments for defects. If it were from "injudicious se" this wouldn't help! This paragraph goes back and forth a few times between different types of injuries – it should be organized a little better. The following paragraph editorializes again: It explains that there is no difference in injury rates between experienced surgeons and novices, because experiences surgeon persist "unjustifiably" in difficult situations, whereas novices will convert earlier. Most would argue just the opposite: experienced surgeons would know when a case needs to be converted. I'd suggest again removing the editorialization. It's likely the injury rates aren't different because the numbers are just so low. Diagnosis: It's unclear to me whether the average of 1.7 days includes the 46% detected on table (counting them as 0). I would separate these out. Tell the reader that 46% were discovered on table, but for those that weren't the average time to discover it was x. In the next paragraph the author suggests finding amylase in drain fluid can make the diagnosis. Later he mentions bile (bilirubin) could be seen as well. These statements should be consistent. Any value for a hida scan?? In the paragraph on surgical intervention the sentence on delay should be moved after the sentences on laparoscopy. As it's written now it's slightly confusing. The next paragraph gives some ideas for surgical repairs. No mention is made of a whipple, though earlier the authors cite a case where it was done. Why was it done? (should it have been?) what was the outcome there? Conclusion: the words "during laparoscopic cholecystectomy" should be moved from the end of the second sentence to after the first two words "duodenal injury". This makes it more clearly about what was discussed in the paper. As mentioned at the outset, I think this is a good review. Notwithstanding all these comments above, I think this is worthy of publication. The author should be commended.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19276

Title: Duodenal injury post laparoscopic cholecystectomy: Incidence, mechanism, management and outcome

Reviewer's code: 00058269

Reviewer's country: Israel

Science editor: Jing Yu

Date sent for review: 2015-05-08 20:49

Date reviewed: 2015-06-28 01:40

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 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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Authors reviewed literature dealt with management of duodenal injuries. This review doesn't add a knowledge in management of this serious complication following laparoscopic cholecystectomy. Serious English proof is required