



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 50673

Title: Endoscopic retrograde cholangiopancreatography in children with symptomatic pancreaticobiliary maljunction: Retrospective multicenter study

Reviewer's code: 03646821

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's country: United States

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-08-09 14:40

Reviewer performed review: 2019-08-13 21:36

Review time: 4 Days and 6 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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The authors describe PBM (APBJ) in 75 symptomatic pediatric patients in whom 112 ERCPs were performed. The majority had pain, 63% acute pancreatitis, and almost 1/3 had elevated liver function tests. At a mean follow-up of 46 months, ERCP reduced the incidence of pancreatitis and alleviated biliary obstruction in approximately $\frac{3}{4}$ of the patients. Major concerns: 1. What was the incidence of relapsing pancreatitis both before and after ERCP? How many children had single vs multiple attacks? 2. Please be upfront in the M and M section about the number of patients with choledochal cysts at time of ERCP and the total number who required subsequent surgery. Define radical surgery in the text and abstract. 3. Please define who was excluded in this series. You state that those patients “with symptomatic PBM and those with PBM who underwent endoscopic therapy in one of these three centers...were included in the study.” As an endoscopist who has done pediatric ERCP for 3 decades, I am cognizant that in individuals with large choledochal cysts and APBU on MRCP, there is no indication to do ERCP. 4. In an intention to treat analyses, one should exclude (censor) analyses of patients lost to follow-up. 5. Was the gallbladder removed in one or the other subtype of PBM? Should it have been? 6. Table 2 Tables should stand alone. Define A, B, C, D types of PBM. 7. Please define the difference between a dilated bile duct and a choledochal cyst. 8. Figures 1B and 1C are suboptimal. Please submit better images.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- [] The same title
- [] Duplicate publication
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- [Y] No



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 50673

Title: Endoscopic retrograde cholangiopancreatography in children with symptomatic pancreaticobiliary maljunction: Retrospective multicenter study

Reviewer's code: 03479389

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's country: Japan

Author's country: China

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2019-08-14 03:17

Reviewer performed review: 2019-08-14 03:45

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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This is a relatively well written article. Please add the efficacy rate after ERCP, and surgery rate and the period until surgery for each type of PBM.

INITIAL REVIEW OF THE MANUSCRIPT

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- No

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 50673

Title: Endoscopic retrograde cholangiopancreatography in children with symptomatic pancreaticobiliary maljunction: Retrospective multicenter study

Reviewer’s code: 00504581

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor, Doctor, Medical Assistant, Staff Physician

Reviewer’s country: Spain

Author’s country: China

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2019-08-14 09:08

Reviewer performed review: 2019-08-16 19:05

Review time: 2 Days and 9 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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SPECIFIC COMMENTS TO AUTHORS

1.- 1.- The ERCP is an aggressive therapeutic procedure , but in your report there is not information about the real indication of ERCP. There is no information about the diagnosis of each patient before the ERCP procedure. The authors explain the patient's symptoms before the therapeutic procedure (Table 1), but we really need to know the diagnosis that justify the ERCP procedure performance. Abdominal pain, fever and so on are not reason to perform an ERCP It would be interesting to show a new figure with the diagnosis before ERCP and the final type of PBM found 2.- "the endoscopists performed EST", that stands for...?? 3.- Do endoscopic retrograde pancreatic drainage (ERPD), and endoscopic retrograde biliary drainage (ERBD) mean placement of a pancreatic or biliary stent?? 4.- Do you perform MRCP cholangiography before the ERCP in all the patients? However. you have not included any information about their diagnosis in the results sections, please do it and tell us if ERCP confirmed it 5.- The most important concern when we look through (examine) this paper is the accuracy of your diagnosis of PBM, and this is something the writers should make more efforts to convince us and clarify . For instances, The images that you enclosed are not good enough to demonstrate PBM, like figures B and C. If these images were the best to choose to show the diagnosis of PBM, the readers could have doubt about the precision of your diagnosis. How confident are you about the precision of your diagnosis? Did you do the diagnosis of PBM , following the ERCP images, or measuring pancreatic enzymes during the ERCP procedure ?? , Can you comment something about it 6.- Do you perform acute post ERCP pancreatitis prophylaxis with pancreatic stent ?7.- The authors had a 16% of post ERCP complications, but the authors did not show anything about their severity graduation in the result section; was there any severe complication? 8.- Could the authors explain a little more about any possible relationship between post



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ERCP pancreatitis or recurrent pancreatitis and any special type of PBM ? It should be added more information about it 9.- ...Eight patients (10.6%) suffered from recurrent pancreatitis” any special type of PBM present? , while 5 of them (6.7%) underwent additional ERCP therapy (which type,,,??) . It seems a high percentages of surgical intervention in this group of patients: ..”Eleven patients (14.6%) received radical surgery eventually , Why ? and what does it mean radical surgery?? :

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