

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 20451

**Title:** Iatrogenic bile duct injury with loss of confluence

**Reviewer's code:** 03035769

**Reviewer's country:** France

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-06-05 10:23

**Date reviewed:** 2015-06-12 17:03

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 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 checked="" 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

The manuscript is interesting and well written but limited by its retrospective analysis. No figure legend was presented! Table should be presented.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 20451

**Title:** Iatrogenic bile duct injury with loss of confluence

**Reviewer's code:** 03026664

**Reviewer's country:** Japan

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-06-05 10:23

**Date reviewed:** 2015-06-07 09:27

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" 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

This article entitled with "IATROGENIC BILE DUCT INJURY WITH LOSS OF CONFLUENCE" includes need-to-know and clinically important conditions. However, there are some problems to be considered and revised in this article as below. <Major comments> (1) It is difficult to clearly understand the strategy of authors. For good understanding of readers, authors should indicate the surgical treatment strategy for loss of confluence of the bile duct by a flow chart. (2) How were the frequencies of all types of bile duct injuries in 603 patients according to Strasberg classification? (3) Observational periods and results after the 1st surgical reconstructions of all patients should be indicated. Patency (or reintervention-free period) of anastomosis after the reconstructions also should be revealed by Kaplan-Mayer's method according to Group I, II and III. (4) Hepatectomy is invasive for patients. Authors should describe indications for hepatectomy in detail. <Minor comments> (1) Page 2: 18 year → 18-year (2) Page 2: When was 18-year period? 1997-2015? Authors should describe it. (3) Page 2 and Page 5: general data was recorded → general data were recorded (4) Page 2 and Page 5: Patients were divided in five groups → Patients were divided in three groups (5) Page 6: Percentages in table 1 are incorrect. GI, 40%; GII, 49%; GIII, 11%. (6) Page 8: What are these 16



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

patients? Did they belong to Group III? (7) Page 9: anastomosed to an desfunctionalized Roux-en-Y → anastomosed to an afferent Roux-en-Y (8) Page 9: and subsequently section, → and also in subsequent section, (9) Page 10: occlusion of the duct is performed at this level → occlusion of the duct can be performed at this level (10) Page 10: plane section → plane of section (11) Page 11-12: The sentence 'For cases with major vascular injury and bad quality major ducts, hepatectomy must be considered.' should be inserted after the phrase 'in excellent postoperative results'. And it should be removed from Page 12. (12) Page 13: the confluence of the duct → the loss of confluence of the bile duct.