

**ESPS Peer-review Report**

**Name of Journal:** World Journal of Gastrointestinal Endoscopy

**ESPS Manuscript NO:** 3970

**Title:** Dilation of a severe bilioenteric or pancreatoenteric anastomotic stricture using a Soehendra Stent Retriever.

**Reviewer code:** 00180958

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-05 16:21

**Date reviewed:** 2013-06-05 17:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ Y] Grade A (Excellent)	[ Y] Grade A: Priority Publishing	Google Search:	[ Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
[ ] Grade E (Poor)		[ ] No records	[ ] Major revision

**COMMENTS TO AUTHORS**

Very interesting case, well documented.

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**Title:** Dilation of a severe bilioenteric or pancreatoenteric anastomotic stricture using a Soehendra Stent Retriever.

**Reviewer code:** 00044509

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-06-05 16:21

**Date reviewed:** 2013-06-16 17:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
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[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ Y] Major revision
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## COMMENTS TO AUTHORS

Major 1. This article consists of two case reports, but content is only technical information that the Soehendra Stent Retriever is useful to dilate a anastomotic severe stricture which only a guidewire passes. Therefore, the author should shorten this article to brief technical report. 2. The authors quoted Ref. 3 describing that the success rate of cannulation was lower for pancreatic indications (8%) than for biliary indications, and explained the useful of RSS. However, the difficulty of cannulation for pancreatic duct depends on not only stenosis of pancreatic duct anastomosis, but also the difficulty of en face view due to lateral pancreaticojejunostomy (Ref. 3). The authors should divide the difficulty of ERCP for bilioenteric or pancreatoenteric anastomosis into stricture and anatomical reason, and discuss for each definitely.