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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4820

**Title:** Successful laparoscopic therapy of an upper gastrointestinal obstruction due to gallbladder-duodenal fistula: A case of Bouveret' s syndrome

**Reviewer code:** 00057868

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-25 15:55

**Date reviewed:** 2013-07-29 06:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This is an interesting manuscript and laparoscopic treatment of Bouveret's Syndrome. A more detailed description of the laparoscopic technique would greatly enhance this paper for surgeons.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4820

**Title:** Successful laparoscopic therapy of an upper gastrointestinal obstruction due to gallbladder-duodenal fistula: A case of Bouveret’ s syndrome

**Reviewer code:** 02510721

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-25 15:55

**Date reviewed:** 2013-07-30 17:08

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

## COMMENTS TO AUTHORS

Title I think it’s not appropriate to show in the title the outcome of the treatment because is only a case report and the surgical choice may be debatable. Abstract In the abstract may be reported all steps of therapeutic procedures: for example the duodenostomy following the laparoscopic enterolithotomy. Introduction The sentence starting: “the patient was....gallstone removal” is not appropriate in the introduction. Case report The description of 1st gastroscopy (gastroscope was arranged....) is not much clear about anatomical data. The diagnostic procedure does not take into account of acute cholecystitis and gallbladder stones one year before, that could indicate the diagnostic hypothesis of Bouveret’s Syndrome. The CT is performed without showing the clinical reasoning to justify it and not be preceded by US. The description of surgical procedure is not clear (may be for the language mistakes). For example: 1 “after the adhesion was dissected, the gallbladder-duodenal fistula was performed (??) ; 2 “3 weeks later, the patient was readmitted for the removal of the duodenal fistula” (mat be the Author meant: removal of duodenal drainage tube) Discussion In the discussion clinical reasoning and assumptions specific diagnostics do not consider the previous acute cholecystitis. In the therapy one step or two step approach may be well clarified. The paper needs a general check of the english language



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4820

**Title:** Successful laparoscopic therapy of an upper gastrointestinal obstruction due to gallbladder-duodenal fistula: A case of Bouveret's syndrome

**Reviewer code:** 01558248

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-25 15:55

**Date reviewed:** 2013-08-08 11:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

1. It is better to mention the information about the Bouveret's syndrome which was rare in our clinical work. 2. Why the diagnosis with gastrolithiasis which was extremely rare? 3. Please decript more about the scientific information in this article. 4. English ned to be check extensively. 5. Please add more recent refereces1.such as Gastric outlet obstruction in a patient with Bouveret's syndrome: a case report.Nabais C, BMC Res Notes. 2013;6:195.