

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75670

Title: Contrast-enhanced ultrasound of a traumatic neuroma of the extrahepatic bile duct: A case report and review of literature

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02914303

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Romania

Author's Country/Territory: China

Manuscript submission date: 2022-02-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-10 11:36

Reviewer performed review: 2022-02-14 12:35

Review time: 4 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Congratulations for this very interesting clinical case presentation as well as for the meticulous literature review. The case itself is a very interesting and complicated example of postoperative traumatic neuroma that can poses a real challenge not only in terms of treatment, but for the very diagnosis itself, that, without the use of high-resolution contrast-enhanced US or cholangio-MRI, is next to impossible, forcing a laparoscopic approach for establishing the diagnosis. However, a minor objection would be regarding the surgical choice for re-establishing the continuity of the resected main biliary pathway. In my personal opinion, and several studies have shown this (A Proposed Therapeutic Algorithm Based on Multiple Case Analysis Regarding the Repair Options of Iatrogenic Biliary Lesions Following Open and Laparoscopic Surgery. JMMS, Vol. 3, Issue 2, Article 8, (2016), p162-171. <http://scholar.valpo.edu/jmms/vol3/iss2/8>. ISSN: 2392-7674), taken from repairing several main biliary pathway iatrogenic bile duct injuries, end-to-end biliary pathway anastomosis is more than often associated with a high rate of stenosis, as a long-term complication. Perhaps a choledochal-to-jejunum end-to-side anastomosis would have been a better choice, credited with a better overall and longtime chances of evolving without complications. Overall, a very good paper and congratulations, once again, for sharing this experience with us.

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Reviewer's code: 05251368

Position: Peer Reviewer

Academic degree: DNB, FACS, MBBS, MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Reviewer accepted review: 2022-02-24 01:22

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Review time: 9 Days and 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

Interesting case report and a good review of literature. My understanding from review of literature is that a biliary-enteric continuity in a transected bile duct is best achieved with a Hepatico-Jejunostomy especially when the anastamosis or discontinuity is higher up. I am curious why the authors chose end to end versus Hep-jejunostomy?.