

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 52038

Title: Isolated gallbladder tuberculosis mimicking acute cholecystitis: A case report

Reviewer's code: 03252388

Position: Editorial Board

Academic degree: FACG, MD

Professional title: Assistant Professor, Staff Physician

Reviewer's country: United States

Author's country: Singapore

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-14 19:31

Reviewer performed review: 2019-10-14 19:40

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 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 checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input 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

The authors present an elegant report of TB of the GB. The manuscript is well written

and the images are excellent. 1- Please explain how would the case have been different if the TB was diagnosed before the surgery? Would the patient have needed TB meds then cholecystectomy or would the patients have gone to surgery anyway? 2- Realistically, is it possible to diagnose isolated TB of the gallbladder? Or do you expect these rare cases to always be diagnosed post operatively? 3- Please elaborate or spell out the G10 score in the sentence "The G10 operation score was 5". I suspect many readers would not be able to understand what this score is because they are not surgeons. 4- Please consider renaming the title to "isolated gallbladder TB mimicking acute cholecystitis " or something similar. The current title: " Acute cholecystitis? Think again. A case report and literature review of Gallbladder Tuberculosis" does not read well at all to me.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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

BPG Search:

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- ☐ Plagiarism
- ☐ [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 52038

Title: Isolated gallbladder tuberculosis mimicking acute cholecystitis: A case report

Reviewer's code: 00505584

Position: Editorial Board

Academic degree: FACS

Professional title: Surgical Oncologist

Reviewer's country: France

Author's country: Singapore

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-24 08:04

Reviewer performed review: 2019-10-25 22:11

Review time: 1 Day and 14 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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		<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

Interesting topic. Did the patient ever get told of her diagnosis before discharge? If not it

would be nice to more clearly state why pre-operative diagnosis is paramount. Although generally well-written, there are a few grammatical issues that need to be addressed: BACKGROUND TB of the hepatobiliary system is rare and isolated gallbladder TB in the absence of any active pulmonary infection is extremely rare (2-4). CASE STUDY A 44-year-old Filipino lady presented with an 11-day history of right hypochondrium and epigastric pain which worsened after meals. The gallbladder wall thickness was 15 mm; the size of the extrahepatic common bile duct was 8.5 mm and the intrahepatic bile ducts were not dilated. She was started on empiric antibiotics according to the local antibiogram (8) and a laparoscopic cholecystectomy was scheduled during the admission(9). DISCUSSION Four distinct clinical manifestations of gallbladder TB have been described (13, 14): (1) as part of miliary TB, (2) as part of disseminated abdominal TB, (3) as isolated gallbladder TB often found incidentally on microscopic examination of resected gallbladders and (4) as part of an immunocompromised state such as uraemia, cancer or Acquired Immunodeficiency Syndrome (AIDS) (11). Our patient presented with a clinical profile consistent with acute cholecystitis and the diagnosis was incidental on final histology. Gallbladder TB remains a diagnostic challenge due to its rarity, non-specific presentation and investigative results. The possibility of a gallbladder TB based on the CTAP finding is only able to be considered retrospectively after histopathological analysis reveals AFB. Cholecystectomy during the initial hospitalization is recommended for patients with acute cholecystitis as it reduces length of stay, reduces cost and also restores quality of life sooner (17). The diagnosis of gallbladder TB warrants the need for additional sites of inoculation of TB – via AFB smear and culture of induced sputum, blood culture and polymerase chain reaction (PCR) assay.



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Google Search:

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- ☐ No

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 52038

Title: Isolated gallbladder tuberculosis mimicking acute cholecystitis: A case report

Reviewer's code: 03665649

Position: Peer Reviewer

Academic degree: MD

Professional title: Academic Research, Research Assistant Professor, Surgeon

Reviewer's country: Turkey

Author's country: Singapore

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-16 14:11

Reviewer performed review: 2019-10-29 21:55

Review time: 13 Days and 7 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			Conflicts-of-Interest:
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This study involves a good and rare gall bladder case. It is a well-designed study. It

can be accepted for publication following a minor revision. 1. In the case, laparoscopic cholecystectomy was performed in the patient with 3 cm gall-bladder stone. But, the localization of the stone was not given. If ultrasound examination had been performed, it should have been described in the materials section along with the stone localization in the gall bladder. 2. Is TBC bacteria found incidentally or the main cause of this clinical symptoms? 3. It would be better to cite the study with the number of "Rana C, Krishnani N, Kumari N. Ultrasound -guided fine needle aspiration cytology of gallbladder lesions: a study of 596 cases. Cytopathology. 2016 Dec;27(6):398-406. doi: 10.1111/cyt.12296. Epub 2016 Mar 15."

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