



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14772

**Title:** Hepatobiliary complications of alveolar echinococcosis: A long-term follow-up study

**Reviewer's code:** 02542637

**Reviewer's country:** Bosnia

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-10-27 10:37

**Date reviewed:** 2014-11-10 18:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" 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 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

“Objective of the study was to study the long-term hepatobiliary complications of alveolar echinococcosis and treatment options using interventional methods”. The authors concluded that hepatobiliary complications occur in about 10% of patients. A significant increase in hepatic transaminase concentrations facilitates the diagnosis. Interventional methods represent viable management options. General Comments: Major Strengths of the Study: The authors treated very important topic for improvement of treatment options using interventional methods in the management of hepatobiliary complications in alveolar echinococcosis. Major Weaknesses: On the bases of MEDLINE search, it can be concluded that several published studies (see below) have similar design and practically the same conclusions: Ozturk G, Polat KY, Yildirgan MI, Aydinli B, Atamanalp SS, Aydin U. Endoscopic retrograde cholangiopancreatography in hepatic alveolar echinococcosis. J Gastroenterol Hepatol. 2009 Aug;24(8):1365-9. doi: 10.1111/j.1440-1746.2009.05877.x. Akaydin M, Erozyen F, Ersoy YE, Birol S, Kaplan R. Treatment of hepatic hydatid disease complications using endoscopic retrograde cholangiopancreatography procedures. Can J Surg. 2012



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Aug;55(4):244-8. doi: 10.1503/cjs.036010. Giouleme O, Nikolaidis N, Zezos P, Budas K, Katsinelos P, Vasiliadis T, Eugenidis N. Treatment of complications of hepatic hydatid disease by ERCP. *Gastrointest Endosc.* 2001 Oct;54(4):508-10. Sharma BC, Reddy RS, Garg V. Endoscopic management of hepatic hydatid cyst with biliary communication. *Dig Endosc.* 2012 Jul;24(4):267-70. doi: 10.1111/j.1443-1661.2011.01225.x. Epub 2011 Dec 29. Goumas K, Poulou A, Dandakis D, Tyrmpas I, Georgouli A, Sgourakis G, Soutos D, Karaliotas K. Role of endoscopic intervention in biliary complications of hepatic hydatid cyst disease. *Scand J Gastroenterol.* 2007 Sep;42(9):1113-9. Tekant Y, Bilge O, Acarli K, Alper A, Emre A, Ario?ul O. Endoscopic sphincterotomy in the treatment of postoperative biliary fistulas of hepatic hydatid disease. *Surg Endosc.* 1996 Sep;10(9):909-11. Moreover, a few months ago, an article had been published in this journal [Frei P, Misselwitz B, Prakash MK, Schoepfer AM, Prinz Vavricka BM, Müllhaupt B, Fried M, Lehmann K, Ammann RW, Vavricka SR. Late biliary complications in human alveolar echinococcosis are associated with high mortality. *World J Gastroenterol* 2014; 20: 5881-5888] with a very similar design, but with much larger series of patients. Authors specified that "Frei et al. has investigated survival following onset of hepatobiliary complications. They report a survival of only three years following onset of complications.... By contrast, data of the present study show an average survival of 8.8 years following onset of complications" However, they did not provide convincing evidence that this difference justifies the publication of another article with a similar design and conclusions on the same subject in the same journal. Specific comments: In discussion section, authors did not specify the limitations of the study. However, this is a retrospective design without comparison group and with relatively small series of patients who were treated over a large span of time. Also, this section should start with the main relevant facts of the current study. The first 2 paragraphs (264 words) of the discussion section belong to the Introduction.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14772

**Title:** Hepatobiliary complications of alveolar echinococcosis: A long-term follow-up study

**Reviewer's code:** 02720326

**Reviewer's country:** Germany

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-10-27 10:37

**Date reviewed:** 2014-11-08 01:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Dear authors, I recommend publication of your manuscript but nevertheless, several aspects of the paper should be improved for readers of the journal, as commented below. > General remarks: The paper compares patients with resectable and non-resectable AE. Obviously, about one third of the patients had resectable AE (n=132; 37%), since 63% (n=225) were declared to have non-resectable lesions. If the foci have been successfully resected, one wouldn't expect the same range of hepatobiliary complications than in patients with non-resectable AE where the causative agent persists. Therefore, these two groups should not be compared. Instead, a clear distinction is recommended between patients who underwent curative surgery and those who didn't (compare Fig. 2, for example). Not surprisingly, those patients who had resectable AE were not in need for endoscopic intervention after receiving curative surgery. You name ERCP a treatment method, but this is only true in a broader sense. Actually, it's a diagnostic method ('-graphy') that becomes a treatment method when combined with stent placement, for instance. You should clearly specify this fact. > Summary: Results: ERCP: 29, MRCP: 5 patients. This is 34 in sum. What about the 35th



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patient? Since you don't mention the other variants here (ERCP w/o stent placement, PTCD), it seems that one case is missing.) > Introduction: You state the liver to be the first organ affected by metacestode development. Actually, this is mostly, but not always the site of primary infestation. Moreover, not only infiltration of closely located organs, but also distant metastatic spread (especially to the lungs) may occur. > Results: Please indicate how many of the 35 patients have undergone successful resection of the AE lesion and how many interventions were needed in these cases compared to those who had non-resectable AE. 5th section, 2nd sentence: word order needs correction. > Discussion: 'This was significantly more rapid than the average ...' - Don't use this statistic term if your conclusion is not based on statistical analyses. 'Only the subgroup of ten patients ... showed an elevated complication rate of 28.7%: ...' - In the results part, you write about 28.6% (not 28.7) of patients showing complications after ERCP with stent placement, but these cases are included in a number of 12 people in which complications occurred within one week. In the results section, you didn't indicate that they did not resolve within one week. 'Frei et al. also report the onset of hepatobiliary complications following on average ...' - following what? In the last section, you say that endoscopic interventional methods can be an alternative to surgery, but you don't explain what kind of surgery you mean. You can't mean curative resection of the AE lesion, of course, but you have not explained possible surgical treatment options in cases of non-resectable AE with hepatobiliary complications before, nor have you mentioned the complication rates associated with these surgical treatment options. > Fig. 1: The values in the boxes in the upper left and lower right corner are not used mathematically correct, e. g. '< 5 years' is a part of '< 10 years'. > Fig. 2: In the box in the lower left the sum is 8, so 1 case is missing. Besides these regards to the content, there is need for some improvement of the language, as follows: > General remark: You often use 'an average', which must be either 'on average' or 'on an average'. > Running title: '... of Alveolar Echinococcosis' > Summary: Aim: 'Objective of the study was to study ...' Methods: The last sentence is incomplete. > Introduction: 'Worldwide, the parasite's range is limited ...' - A parasite is not a person, so 'the range of the parasite' should be used '... is its tumor-like growth, which may infiltrate ...' - Growth cannot infiltrate (but may lead to infiltration). Last sentence of the first section: 'Only in two of



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14772

**Title:** Hepatobiliary complications of alveolar echinococcosis: A long-term follow-up study

**Reviewer's code:** 01220638

**Reviewer's country:** China

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-10-27 10:37

**Date reviewed:** 2014-10-30 00:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

In this paper, author systemically described their own long-term clinical data on alveolar echinococcosis. How to effectively manage post-operative complication was still a challenging problem in front of surgeons. This paper was well organized and informative.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 14772
Title: Hepatobiliary complications of alveolar echinococcosis: A long-term follow-up study
Reviewer's code: 02729184
Reviewer's country: Germany
Science editor: Su-Xin Gou
Date sent for review: 2014-10-27 10:37
Date reviewed: 2014-10-30 04:32

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various criteria like 'Grade A: Excellent', 'Priority publishing', 'PubMed Search', etc.

COMMENTS TO AUTHORS

Dear Authors, the submitted work is clearly and well structured and the English language of the work is good. The manuscript is well written and guides the reader consequently throughout a profound framework of research data. The manuscript has good revealed concept on the presented contexts. 1. The authors did not find statistically significant difference in the rate of surgery between the groups with and without hepatobiliary complications (p > 0.05). In the group of patients (n=12) who underwnt surgery, was the rate of performing ERCP, PTCd or MRCP statistically higher in comparison to patients who did not receive surgical resection? In other words, do surgically treated patients in the presented study suffer more complications and need more frequently interventions and diagnsotics? 2. The Authors report that the average age at time of death was 75.6 years (range 18-91 years), while the average time from onset of hepatobiliary complications to death was 7.2 years. Is there a statistical significance in the cumulative survival probability for patients who recieve interventions in comparison to patinents who did not. Kind regards,



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14772

**Title:** Hepatobiliary complications of alveolar echinococcosis: A long-term follow-up study

**Reviewer's code:** 00722219

**Reviewer's country:** Turkey

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-10-27 10:37

**Date reviewed:** 2014-11-04 07:24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Dear Authors, This article is a good study and it deserves to publication. Yours sincerely.