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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2785

Title: Residual common bile duct stones on direct peroral cholangioscopy using ultraslim endoscope

Reviewer code: 00006303

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-03-14 21:45

Date reviewed: 2013-03-17 00:23

| 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 checked="" type="checkbox"/> Grade B: minor language polishing | <input type="checkbox"/> Existed | <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"/> No records | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Grade D (Fair) | <input type="checkbox"/> Grade D: rejected | BPG Search: | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E (Poor) | | <input type="checkbox"/> Existed | <input type="checkbox"/> Major revision |
| | | <input type="checkbox"/> No records | |

COMMENTS

COMMENTS TO AUTHORS:

Summary: in this study, the value of peroral cholangioscopy to detect remaining bile duct stones after balloon-occluded cholangiography was evaluated in 22 patients. Remaining bile duct stones despite negative balloon-occluded cholangiography were detected in 5 patients (23%). Stone diameter was generally small (2-5 mm). Recurrent CBD stones and prior choledocholithotomy were more frequently observed in patients with residual stones than in patients without (80% vs. 41.2% and 60% vs. 35.3%, respectively).

Comments:

1. More information should be given about the population these 22 patients were retrieved from. For example: how many patients were excluded because of the various exclusion criteria? (1) patients younger than 20 years, pregnant, or critically ill; (2) patients with concomitant gallbladder stones; (3) patients with CBD diameters of less than 10 mm. How many ERCPs were performed in total for bile duct stones in the institution during the study period?
2. Only patients with bile duct stones confirmed before index ERC with radiological methods were included. However, many patients will have only ultrasound before the ERCP, and ultrasound generally detects only a minority of bile duct stones. Therefore, results may have been biased and can not be extrapolated to the entire population with bile duct stones.
3. Unfortunately the authors did not perform intraductal ultrasound in their 22 patients simultaneously. That would have allowed comparison of the two methods.
4. The authors should give information about % damage of the cholangioscope during the procedure.



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5. Probably the authors do not want to suggest performance of peroral cholangioscopy in all patients after ercp and stone removal. They should give suggestions in the Discussion which high risk patients for residual stones should have the procedure.
 6. The authors should give information about follow up in their 22 patients concerning recurrent stones after index ercp. How long was this follow up period?



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2785

Title: Residual common bile duct stones on direct peroral cholangioscopy using ultraslim endoscope

Reviewer code: 00057644

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-03-14 21:45

Date reviewed: 2013-03-31 17:51

| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Grade A (Excellent) | <input checked="" type="checkbox"/> Grade A: Priority Publishing | Google Search: | <input type="checkbox"/> Accept |
| <input checked="" 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) | <input type="checkbox"/> Grade D: rejected | BPG Search: | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E (Poor) | | <input type="checkbox"/> Existed | <input type="checkbox"/> Major revision |
| | | <input type="checkbox"/> No records | |

COMMENTS

COMMENTS TO AUTHORS:

- 1 Abstract part is too lengthy and should be summarize more concisely.
- 2 As the author mentioned on the discussion part (P12, line 19), The clinical significance of the residual tiny stones is unclear. Although this paper is focused on short-term results of peroral choledochoscopy, the author should summarize the recurrence rates of CBD stone after conventional techniques in the previous reports not only endoscopic but also laparoscopic CBD exploration. A Table might be helpful for the readers of this journal.
- 3 Figure 2: Peumobilia in the CBD is less visible in this photo. The author should indicate the CBD by small arrow-heads.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2785

Title: Residual common bile duct stones on direct peroral cholangioscopy using ultraslim endoscope

Reviewer code: 00505201

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-03-14 21:45

Date reviewed: 2013-04-18 10:22

| 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"/> Rejection |
| <input type="checkbox"/> Grade E (Poor) | <input type="checkbox"/> Grade D: rejected | <input type="checkbox"/> Existed | <input type="checkbox"/> Minor revision |
| | | <input type="checkbox"/> No records | <input type="checkbox"/> Major revision |

COMMENTS

COMMENTS TO AUTHORS:

Comments:

Introduction The authors mention endoscopic ultrasound as a method for diagnosing residual stones. Is there any role for MRC? The sequence of words should be corrected in the sentence in the line 10.

Materials and methods Did the authors examine post-ERC amylases to exclude the irritation of pancreas?

Results The results in text (page 10, all three paragraphs) are the same as the results in Tables 1,2,3. The authors should omit double