



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 86761

**Title:** Laparoscopic choledocholithotomy and transductal T-tube insertion with indocyanine green fluorescence imaging and laparoscopic ultrasound: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 03604107

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer’s Country/Territory:** Albania

**Author’s Country/Territory:** South Korea

**Manuscript submission date:** 2023-07-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-06 14:50

**Reviewer performed review:** 2023-07-11 16:28

**Review time:** 5 Days and 1 Hour

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is an exquisite case report, with a very interesting history. Some little issues might need clarification: Figure 1b, large duodenal diverticulum... but the mainstream of the paper is about a large, impacted stone. Was the diverticulum an incidental finding / if not, what relations had this with the stone(s) CARE Checklest (write: Checklist)



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**Reviewer’s code:** 05827506

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** China

**Author’s Country/Territory:** South Korea

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**Review time:** 6 Days and 7 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Dear Author, Firstly, I would like to express my gratitude for submitting your research findings to our journal. As a reviewer, I am pleased to have the opportunity to review your paper. Throughout the review process, I have carefully read your manuscript and thoroughly analyzed and evaluated its content. This article describes a case of laparoscopic choledochectomy for the treatment of a patient with a large common bile duct stone, in which the near-infrared indocyanine green fluorescence imaging system and intraoperative ultrasound were introduced during the treatment process. During the reading process, I noted your discussion on the application of the near-infrared indocyanine green fluorescence imaging system and intraoperative ultrasound in the treatment of biliary system diseases. This is an important topic worth exploring. I understand the potential significance and clinical prospects of these new technologies in the treatment of biliary stones. Moving forward, I would like to provide you with some suggestions and feedback that I believe will further improve and enhance your research. Please note that these suggestions are intended to foster academic discourse and promote quality, and are not intended as a personal criticism of you or your research. 1,



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The introduction of the patient's general condition and medical history is not sufficiently detailed, lacking many important details, such as the decision-making process regarding the management of the gallbladder. 2、 The introduction of the near-infrared indocyanine green fluorescence imaging system in the patient's case lacks specific information on its usage, effectiveness, and presentation of results. 3、 Did the use of ICG exacerbate the patient's liver dysfunction or hinder the resolution of jaundice due to the patient's pre-existing jaundice? 4、 The use of ICG carries certain risks, such as allergies. Were comprehensive allergy tests conducted prior to the surgery, and were appropriate contingency plans prepared during the procedure? Were the patient's consent obtained regarding the related risks and financial burdens? 5、 The discussion section of the article is not sufficiently in-depth, lacking a thorough comparison of the advantages and disadvantages of the near-infrared indocyanine green fluorescence imaging system in the biliary system and its comparison with ultrasound as described in the literature. 6、 The conclusion section does not mention the intraoperative ultrasound and near-infrared indocyanine green fluorescence imaging system.)