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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30525

**Title:** Eosinophilic cholangitis is a potentially underdiagnosed etiology in indeterminate biliary stricture

**Reviewer's code:** 03475480

**Reviewer's country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2016-10-10 10:59

**Date reviewed:** 2016-10-10 21:22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" 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

The author reviewed 135 patients with biliary stricture between 2005 and 2015 in a single center. Among these, 10 patients' diagnoses were unclear, and the author reevaluated hematoxylin-eosin stained slides of surgical or bioptical specimens. And they found 3/10 (30%) patients with dense eosinophilic infiltrate ( $\geq 30$  eosinophilic granulocytes/HPF) but without IgG4-positive plasma cells. And the authors diagnosed them as eosinophilic cholangitis. Main message of the author was that eosinophilic cholangitis should be considered in differential diagnosis of indeterminate biliary stricture. This is a well written article. Recognition of eosinophilic cholangitis is important, as well as IgG4 related cholangitis. However, I have some questions. 1. The author should explain why 56 of 66 patients with inconclusive histological diagnosis were clinically diagnosed more clearly. 2. The author should explain histological reevaluations of the 56 patients were performed or not. 3. Long term outcomes of the patients who were diagnosed as eosinophilic cholangitis are interesting matter. If possible, they should be mentioned.



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

**ESPS manuscript NO:** 30525

**Title:** Eosinophilic cholangitis is a potentially underdiagnosed etiology in indeterminate biliary stricture

**Reviewer's code:** 03251512

**Reviewer's country:** Israel

**Science editor:** Ze-Mao Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Rejection
<input 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 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 type="checkbox"/> No	

### COMMENTS TO AUTHORS

Excellent effort in contributing important information on the challenging problem of IBS. As we learn more about EC and similar entities from contributions such as this we will be able to offer more specific treatment and avoid surgery that is not needed. In the abstract in the first sentence of methods secondary sclerosis should be corrected to sclerosing cholangitis. In the first paragraph of the results where the authors list how histopathology was obtained, I think the reader would benefit from a brief description of how the intraductal bile duct biopsies were taken. This could be described in methods section or discussion as well. Also would be of benefit to know if the physicians used direct cholangioscopy in any of the cases and if they see an emerging role for this. In general it would be of value to know if possible how many if any PSC patients were IGg4 positive as some series place this number at 10%. Is this data available? In the discussion the authors mention that in case reports reviewed up to 40% of the patients had cholecystectomy. It is known that EC can cause symptomatic cholecystitis. How many of the 40% had clinical cholecystitis actually justifying surgery? And for those would did not why was there gallbladder removed?