



## PEER-REVIEW REPORT

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

**Manuscript NO:** 74000

**Title:** Gut peptide changes in patients with obstructive jaundice undergoing biliary drainage: A prospective case control study

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

**Peer-review model:** Single blind

**Reviewer's code:** 03656608

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

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

**Author's Country/Territory:** Croatia

**Manuscript submission date:** 2021-12-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-17 07:37

**Reviewer performed review:** 2021-12-24 14:00

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

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<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
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### **SPECIFIC COMMENTS TO AUTHORS**

In this manuscript, the authors sought to investigate the influence of obstructive jaundice on the hormones controlling appetite and nutritive status. This paper has some significance for clinicians and researchers working. However, there are several issues that need attention. 1. How sample size was determined? It would be crucial for the authors to describe their sample size and Type I and II error calculations that resulted in the recruitment of 55 patients, with power. 2. Results---The results should be stated briefly and succinctly. Do not interpret the data here. Do not explain how you deduced the conclusion from the results obtained. 3. Discussion---the discussion section is not well-written. The discussion opens with a section that would be most appropriate for the introduction. The authors did not note the limitations in their study.



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**Peer-review model:** Single blind

**Reviewer's code:** 05461079

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD, MSc, PhD

**Professional title:** Senior Lecturer

**Reviewer's Country/Territory:** Malaysia

**Author's Country/Territory:** Croatia

**Manuscript submission date:** 2021-12-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-20 02:57

**Reviewer performed review:** 2021-12-29 08:58

**Review time:** 9 Days and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<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



Peer-reviewer statements Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The topic is interesting and within the scope of the journal. It aims to determine the changes in the levels of ghrelin, CCK , some inflammatory markers with biliary obstruction and after drainage and how this change can play a role in the nutritional status of patients with biliary obstruction. Overall, it is a good topic and interested. However, it will be benefit from taking into consideration the following points: 1. Background: in addition to the effect of CCK on appetite, its effect on gallbladder evacuation is also important to be mentioned in this context. 2. Core tip: Furthermore, it is important to identify factors and mechanisms responsible for it’s development : it’s refers to what? Biliary obstruction or the malnutrition ... needs to make it more clear. 3. Conclusion: 4. Plasma ghrelin and cholecystokinin levels were significantly higher in patients with obstructive jaundice which may be associated with the development of malnutrition during the inflammatory response. : Ghrelin stimulates appetite while CCK inhibits appetite ... how to explain the increased levels of these two antagonists with malnutrition? 5. English editing , as commas are missed in many sentences examples: Compared to patients with benign etiology, patients with malignant biliary obstruction were older,. Compared to control group patients with both malignant and benign etiology of biliary obstruction had greater body mass loss..... add , after group “Compared to control group, patients..... 6. Results: - Laboratory parameters Compared to the control group patients with biliary obstruction had statistically significant difference for most of the measured laboratory parameters.... Add comma after Compared to the control group, patients inflammation factors.. suggest to change into inflammatory markers - Multivariate analysis Predictive factors for having NRS



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2002 score  $\geq 3$  were increased TNF- $\alpha$  concentrations... suggest to replace were by "included" to make it clear. - 28 days were associated with malnourishment, namely increased CCK concentration reduced the chance of malnourishment 1.01 times... what does "malnourishment" refers exactly to here? How it is assessed? ... - It is stated that increased CCK concentration after 28 days, reduced the chance of malnourishment 1.01 times, and stated that 48 hours after drainage, higher CCK concentration and leukocyte count decreased the chance of improving appetite.... Are those results contradictory? Need to elaborated on under discussion. - Considering that all of the patients with negative clinical outcome had malignant obstruction we conducted analysis only for patients in group with malignant etiology and higher initial levels of TNF- $\alpha$  (P = 0.018) and IL-6 (P = 0.003) were again observed in patients who died. This sentence is not clear Table1 Age What are these numbers ? is it meadian? 33-84 55-88 39-90 - For weight loss%, how did you calculate? Over how long time? - Is the significant difference between patients with malignant and benign etiology in many parameters is a confounding factor for the effect of drainage on the nutritional status, it is better to compare the results of these two groups separately. - Write the full name of LPS. - Discussion - We hypothesise that in patients with advanced malignant disease and malnourishment prolonged inflammation secretion of IL-6 and TNF- $\alpha$  leads to suppression of CCK secretion, possibly through lower IL-1 activity... correct into "We hypothesise that in patients with advanced malignant disease and malnourishment, prolonged inflammation, and secretion of IL-6 and TNF- $\alpha$  leads to suppression of CCK secretion, possibly through lower IL-1 activity" - but their interaction on secretion of both peptides is not well understood...need to reframe - Under conclusion, authors stated that" Patients with biliary obstruction, regardless of the etiology, have higher plasma concentrations of ghrelin as well as increased concentrations of TNF- $\alpha$ , IL-6 and CRP and worse nutritional status, however under discussion, authors stated that "When



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comparing the etiology of the obstruction, only CRP values were significantly elevated in patients with benign biliary obstruction ( $P = 0.001$ ) while there was no difference in TNF- $\alpha$  and IL-6 concentrations. Those are contradictory. - Table 2: What is SE? is it sedimentation rate? - Table 4: suggest to change "During biliary obstruction" into "on admission" or " in the presence of biliary obstruction" - Tables and figures are clear and easier to understand the findings than the the way the results have been written... need to improve and simplify the presentation of the results.