



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 74259

**Title:** Spontaneous Gallbladder Perforation and Colon Fistula in Hypertriglyceridemia-related Severe Acute Pancreatitis: A Case Report and Literature Review

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

**Peer-review model:** Single blind

**Reviewer’s code:** 05910223

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author’s Country/Territory:** China

**Manuscript submission date:** 2021-12-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-28 07:49

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**Review time:** 1 Day and 19 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 Grade E: Do not publish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>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Yes <input 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**

World Journal of gastroenterology- 74259 Thank you for having an opportunity to review this case report by Dr. Wang, et al. They reported a rare case of a spontaneous gallbladder perforation and transverse colon fistula in SAP. The authors emphasized the importance of the rarity and the recognition of these severe complications. Although their report is valuable and well-described, there are several points to be revised for the acceptance. Minor 1. The authors should tabulate the blood sample test results and show the reference range of each item. 2. If available, please provide the intraoperative picture of gallbladder and transverse colon while the surgery of the debridement and ileostomy. 3. The pathological results of gallbladder and transverse colon should be provided. 4. The authors should indicate the figure numbers of imaging examinations in the manuscript where they were referred. 5. The authors should provide the time course after the treatment in a brief way, such as when the patient started oral intake, when he was discharged after the surgery, and how long he has been free from the symptoms now. 6. Please provide the data about his social history such as smoking, drinking, dietary and other risk factors.



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**Reviewer's code:** 03258157

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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**Review time:** 9 Days and 8 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
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<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**

Authors have described a case of acute pancreatitis in which perforative complications of gall bladder and colon developed in the course of disease. Within three weeks of the onset, gall bladder perforation was identified on CT and subsequently, after the catheter drainage, multiple colonic perforations developed. Also, now fistula between gall bladder and colon (Cholecysto-colonic fistula) was detected on contrast examination (no image showing this included in manuscript though). Here, the author's claim is that although colonic perforation can be seen in up to one-third of the cases of acute pancreatitis, gall bladder perforations or Cholecysto-colonic fistula is rare. Of course, it is rare due to enzyme mediated necrosis from pancreatitis, but it can develop due to biliary obstruction (the most common cause of GB perforation) caused by peripancreatic fluid collection. Overall the case is interesting. My comments are as follows: 1. Although the authors have shown images, CT and MRI, showing GB perforation (Figure 2), no image showing cholecysto-colic fistula or its findings such as gas in GB lumen or intrahepatic ducts has been included. This could have served as evidence to support the diagnosis. 2. The CT images (Fig 1) showing the necrotizing pancreatitis is not demonstrating the GB perforation. Moreover, the images, both CT and MRI, showing the GB perforation (Fig 2) is not demonstrating evidences of pancreatitis. This is because in the figure 2, the authors have intentionally excluded that part of from the figure 2. I am not sure why it is so. It is important that when possible, both findings be shown in the same image. 3.

In the setting of acute pancreatitis, colonic perforation and gall bladder perforation are two different entities with different underlying mechanisms. While the colonic



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perforations are common in patients with necrotising pancreatitis, GB perforation however is rare. But, it can occur when distal CBD is obstructed due to pancreatitis, even in absence of calculus. The gall bladder perforation or the fistula should be highlighted in the report rather the colonic perforation throughout the manuscript, in the introduction, the report and the discussion sections. 4. Several laboratory parameters are not relevant to this case; they could be omitted. Given that this patient had raised conjugated bilirubin, authors should include the serum alkaline phosphatase level, which can be an important parameter to determine bile duct obstruction.