PEER-REVIEW REPORT

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a review article to diagnose PBM by imaging. This manuscript explains roles of each imaging. The contents and sentences are easy to understand. However, there are some points which concern me.   1. In page 3 line 1, a space is lack before the second sentence. 2. Would you please describe the role of ERCP for screening the biliary tract cancer with PBM? 3. Does the IDUS contribute to the diagnosis of PBM? 4. Biliary amylase was described in the treatment of PBM. Would you please describe biliary amylase to diagnose PBM in ERCP section? 5. Why did you use the "L", "M" in figure legends? 6. In figure 5M, the common channel between CBD and MPD is difficult to understand. 7. Can you make a figure that draws golden diagnosing method of PBM according to the past reports? The golden diagnosing method might want to involve the major findings and secondary findings of PBM by each imaging studies.

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 75364

Title: Application of Imaging Techniques in Pancreaticobiliary Maljunction

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05393105

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-01-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-13 16:40

Reviewer performed review: 2022-02-20 16:19

Review time: 6 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

A decent review   Please make a mention of the fact that diagnostic ERCP has no place in the present times

PEER-REVIEW REPORT

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Title: Application of Imaging Techniques in Pancreaticobiliary Maljunction

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03254333

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-01-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-13 23:58

Reviewer performed review: 2022-02-21 06:26

Review time: 7 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

| statements | Conflicts-of-Interest: [   ] Yes   [Y] No |

SPECIFIC COMMENTS TO AUTHORS

This is a review paper about the imaging techniques in pancreatobiliary maljunction. This review seems to be well organized, and useful foe readers. This reviewer comments as below.   Comments: 1. Reference does not follow the style and there are some spelling mistakes. Please re-check.   2. Fig 5 L is hard too understand. Please change the figure.   3. There are some spelling mistakes in text. Eg, Laparoscopic Cholcystectom (in Treatment PBM section). Please re-check.

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me an opportunity to review this article. However, I have few comments and questions regarding the manuscript. Comments #1 The authors describe the role of ERCP, MRCP, CT, US, and EUS in the diagnosis of PBM. On the other hand, the usefulness of Helical DIC-CT has been reported in other studies. I suggest that a discussion of Helical DIC-CT be added to the section on CT. Please discuss the diagnostic yield and usefulness of helical DIC-CT in the diagnosis of PBM with additional references. #2 In my opinion, the disadvantages of MRCP are the potentially poor definition of the pancreatic duct branch and peripheral biliary tree and the inherent poor spatial resolution compared with ERCP. I recommend a discussion on this point in the MRCP section.   #3 In the "Treatment of PBM" section, the authors state the following "EUS during cholecystectomy allows noninvasive study of the biliary tract and has excellent ability to identify anatomical structures. EUS, which is cheap, fast and non-irradiated, can be repeated as needed during surgery. Adjacent organs can also be explored [36]." The authors may be confusing endoscopic ultrasonography (EUS) with laparoscopic ultrasonography. #4 How to manage PBM without bile duct dilatation is still controversial. Please discuss this point. In some reports, prophylactic cholecystectomy is recommended. However, it is still controversial what kind of surgery should be performed for PBM without bile duct dilatation.