



## PEER-REVIEW REPORT

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

**Manuscript NO:** 77279

**Title:** Which octogenarian patients are at higher risk after cholecystectomy for symptomatic gallstone disease? A single center cohort study.

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

**Peer-review model:** Single blind

**Reviewer's code:** 06238930

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-04-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-04-29 03:48

**Reviewer performed review:** 2022-05-07 13:32

**Review time:** 8 Days and 9 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 Grade E: Do not publish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 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
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### **SPECIFIC COMMENTS TO AUTHORS**

I would like to thank you for the opportunity to review this paper. The topic is important and frequently encountered in clinical practice and I would like to congratulate the authors for the manuscript. There are several aspects to discuss: 1. All patients that were included in this study were symptomatic. There were 90 patients that were operated as elective cases. Can you describe patient's selection policy for surgery? Do you have data of the symptomatic patients treated medically without surgery, follow-up, and outcome data? 2. Open approach (52 patients) was more common in the group with postoperative complications. Which criteria were used for the open surgery? Is there any bias selection for much sicker patients that end up with more frequently complications or the procedure itself (laparotomy) is more harmful to the patients? The same discussion remains regarding the postoperative deaths. 3. It would be of help adding data regarding the difficulty of the operation and intraoperative complications. There were 160 patients with mild complications (Clavien-Dindo 1-2), 26 patients (C-D 3-4) and 7 deaths. Please add a table with full description of these complications including surgical or medical complications. 4. Regarding the last analysis (Table 3): were included in the analysis in the postoperative complications group only grade 3-4 C-D? Or also patients that died postoperatively? 5. It was showed that bilirubin and choledocholithotomy were prognostic factors for severe complications (Table 3). Patients with concurrent gallbladder a CBD stones represent a different population compared to the gallbladder stones-only group. There were patients with preoperative ERCP (23 patients), intraoperative ERCP (28 patients) and choledocholithotomy (15 patients) Are these three groups comparable? When and why some patients had preop ERCP and



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other had intraop ERCP? It would be of interest to have the similar analysis (Table 3) focused on the patients with concurrent CBD stones. Regarding the detrimental effect of choledocholithotomy: is the procedure or severity/duration of high bilirubin levels? 6. The Methods and Results sections of the Abstract should contain more information. The Conclusion describes 9.7% severe complication without adding patients that died postoperatively.



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**Reviewer's code:** 03580207

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Chief Physician

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

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

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**Reviewer performed review:** 2022-05-09 02:41

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<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 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 type="checkbox"/> Major revision <input checked="" 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**

Main problems: 1 The complications of cholecystectomy were involved in this paper, but what complications, number of cases and causes were not analyzed? In terms of statistical methods, this paper analyzes the risk factors of symptomatic gallstone disease in elderly patients after cholecystectomy, but the classification of factors was obviously not detailed enough. For example, the postoperative prognosis of patients older than 80, 85 and 90 was different. In addition, the standard statistics on multivariate analysis needed to use logistic regression analysis and other analysis methods, which was not involved in the paper.



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**Reviewer’s code:** 05061213

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Chief Doctor, Doctor, Instructor, Surgeon

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

**Author’s Country/Territory:** Italy

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

The authors presented a retrospective multivariate and univariate analysis in patients over 80 years of age with cholecystectomy. The treatment strategy for cholelithiasis or acute cholecystitis varied widely among institutions. Although the authors stated that they followed the Tokyo guidelines, relatively larger number of urgent cases and presence of patients with cholangitis or underwent choledochotomy suggest that a bias in the institutional policy that cannot be ignored. In particular, cholecystectomy was not recommended by the guidelines for ASA4 patients. Thus, analysis of the data after the large selection bias would not appeal to leaders. In order to reduce the bias of the institutional criteria, it would be better to perform the comparative analysis with patients under 80 years of age (otherwise 65 to 79 years old). If the authors would like to focus on patients over 80 years of age, a comparative analysis with patients who did not undergo cholecystectomy but were treated the disease endoscopically or percutaneously would be more informative. There was no description about the definition of complicated or uncomplicated in terms of the Clavien-Dindo classification. It was confusing whether “grade >2” was the same as “Clavien-Dindo 3 or 4”, otherwise two different meaning. The 90-day mortality rate was 3.9% in the Results section and 2.6% in the Discussion section. Thus, the numbers in the data were not reliable. In the discussion, the authors claimed that the complication rate for grade >2 was low at 9.7%, but they did not provide specific data from the references. This imposed the readers an effort to read. The authors should provide concrete numbers from cited references. There was a difference between the conclusions stated in the abstract and those in the main text, making it difficult to understand the authors' assertions.



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