

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 76887

Title: Cholecystitis-an uncommon complication following thoracic duct embolization for chylothorax: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05846802

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Viet Nam

Manuscript submission date: 2022-04-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-05 04:42

Reviewer performed review: 2022-04-05 12:29

Review time: 7 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors reported the rare complication of thoracic duct embolization. It seems to be one of the complications to be careful and deserves to be published. However, some problems are needed to discuss. Comments are as follows: Major comments; 1. Even if thoracic duct embolization has become the first-line treatment, did the authors not perform conservative treatment such as fasting and follow-up? Furthermore, looking at Figure 1, the leakage seems to be a small amount, however, was it enough to compress the right lung? If the volume of leakage is small amount, we would first want to follow up conservatively, however, please explain why authors select embolization from the beginning. 2. Please explain why authors did not perform surgery on the initial CT findings? It would have been a good timing for a cholecystectomy. 3. I am so sorry that I cannot image how to approach the thoracic duct. If you would like to illustrate, it would be easier for the reader to understand how the needle was penetrated into the gallbladder. By illustrating the diagram, we can consider how we can avoid accidental puncture in the future. 4. I am wondering if this case can be diagnosed as cholecystitis. I think the correct diagnosis would be biliary peritonitis due to gallbladder perforation by needle penetration, but what do authors think? Minor comments; 1. In Page 3 and line 19, please do not abbreviate “mo”. Does it mean “month”? 2. In Page 7 and line 2, please put a space between “intervention.” and “The”.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05142912

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: Viet Nam

Manuscript submission date: 2022-04-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-06 07:19

Reviewer performed review: 2022-04-06 07:35

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	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

Dear authors, Thank you for this rare case report. It is well written. However , I have few questions How rare is the presentation of cholecystitis post thoracic duct embolization? Why intranodal lymphogram was done 3 days afer presentation? Why not sooner? What is the morbidity and mortality rate of thoracic duct embolization? Thank you

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Peer-review model: Single blind

Reviewer's code: 06039564

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: Viet Nam

Manuscript submission date: 2022-04-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-06 16:13

Reviewer performed review: 2022-04-19 05:11

Review time: 12 Days and 12 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Language quality	<input checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
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Re-review	<input checked="" type="radio"/> Yes <input type="radio"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The case reports an uncommon complication of thoracic duct embolization where cholecystitis is diagnosed and managed appropriately. Chylothorax and underlying lymphatic anatomy is described well in this case report and pictures are labeled well. The serial imaging findings in evaluating the abdominal pain is a good clinical course presentation and an excellent way to gain reader interest. The final diagnosis of cholecystitis and treatment after noticing the dye induced spot on gall bladder wall and following surgical images give a well rounded descriptive discussion. Writing and presentation of manuscript are very good. This case report highlights possible differential diagnosis when post operatively patients have new complaints of abdominal pain following thoracic duct embolization. Conclusion and discussion are appropriately written by authors. Unique features of manuscript include how pancreatitis is considered as differential immediately which is a very real scenario universally in the inpatient setting. Since this is a novel treatment strategy being employed globally, this case report educates on patient safety which is critical in today's medical practice involving advance interventional procedures. Also few practice settings are designed where the person performing the procedure and the person evaluating afterwards are different people making these reports necessary. Very few changes required prior to publishing. Some limitations of this case report include mainly case presentation which is too brief at certain places. Adding some more laboratory details and further findings will be helpful. Also we can consider to mention more information about possible complications based on anatomical variants of thoracic duct structure, etiology of chylothorax, delayed complications etc. Some specific comments are added to the



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manuscript - file attached below Would suggest to authors to consider changing title to something less descriptive and a condensed version. This is a suggestion only, please use alternative if you wish: "Uncommon case of iatrogenic cholecystitis following thoracic duct embolization"