



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77068

Title: Clinical observation of laparoscopic cholecystectomy combined with endoscopic retrograde cholangiopancreatography or common bile duct lithotripsy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06107956

Position: Peer Reviewer

Academic degree: Doctor, MD, PhD

Professional title: Assistant Professor, Doctor, Lecturer, Postdoc, Postdoctoral Fellow, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Viet Nam

Author's Country/Territory: China

Manuscript submission date: 2022-05-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-04 02:39

Reviewer performed review: 2022-06-10 17:20

Review time: 6 Days and 14 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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



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Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

1/ Introduction: The limitations of laparoscopic cholecystectomy, cholecystectomy, and T-tube implantation should be highlighted: for instance, the narrow common bile duct is difficult to suture, the low stone is difficult to remove, easy to ignore; What is the complication of biliary stricture or the effect of T-tube? It is for the above reasons that LC + ERCP is used to solve the above difficulties. However, this method also has certain limitations (retrograde infection, pancreatitis or good cooperation between a surgeon and a gastroenterologist...). 2/ And from the above inadequacies that this study was carried out, in order to evaluate the treatment effectiveness of the two methods above; What does the above research mean to colleagues around the world?



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Reviewer's code: 06080678

Position: Peer Reviewer

Academic degree: MBBS, MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Reviewer accepted review: 2022-06-21 10:33

Reviewer performed review: 2022-06-21 10:36

Review time: 1 Hour

Scientific quality	<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
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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

With the development of minimally invasive surgical techniques and modern medicine, laparoscopy has been popularized, among which laparoscopic cholecystectomy combined with ERCP and laparoscopic cholecystectomy combined with choledochotomy and lithotomy are more commonly used. However, both procedures have their unique characteristics and can achieve the treatment purpose. In this study, the clinical value of laparoscopic cholecystectomy combined with ERCP and laparoscopic cholecystectomy with common bile duct excision and stone extraction in one stage suture for the treatment of gallbladder and common bile duct stones was investigated. This study is very interesting and the manuscript is very well written. Comments: 1. The title is too long. Please short it. 2. The authors should discuss the limit of the study. 3. The tables should be moved to end of the text.