

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Clinical Cases

**ESPS Manuscript NO:** 11048

**Title:** Endoscopic Retrograde Cholangiopancreatography-Related Perforation: Management and Prevention

**Reviewer code:** 00050424

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-05-02 20:40

**Date reviewed:** 2014-05-04 04:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

Comments : 1.Although the review is analytical and covers all aspects of post - ERCP perforation management, I think that it should be shorter and more comprehensive (especially the prevention section). 2.Differences between management strategies in different studies (especially early vs late surgery) and their impact on the clinical outcome should also be discussed in detail. 3.Radiological drainage which is a documented alternative to surgical drainage is not mentioned at all. 4.The numbers and the references in the second paragraph of classification of post ERCP-related perforation section ....are not correct (67.8% or 81%;;). 5.The authors should present their own data in more detail and not only percentages in general. (800ercp x 3 years =2400 x 0.29% = 6.96 perforations ;; what type ;; 6.Table 2 : The authors do not report where the data come from. Which study;; studies;; 7.The article needs an english editing (it is related to a higher mortality .....the endoscopists who perform the procedure should be caution .....)

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

**ESPS Manuscript NO:** 11048

**Title:** Endoscopic Retrograde Cholangiopancreatography-Related Perforation: Management and Prevention

**Reviewer code:** 00051746

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-05-02 20:40

**Date reviewed:** 2014-06-09 10:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

This review summarizes the classification, diagnosis, management, and prevention of ERCP-related perforation. I think that this review is well written. However, some minor revisions are required. Please consider the following points. 1. Authors classified the management of ERCP perforation into 2 groups based on the time of diagnosis (immediate and delayed diagnosis). Are there any evidences with regard to the mortality or prognosis for patients with delayed diagnosis of ERCP-related perforation? I think that that the mortality of patients with delayed diagnosis is higher in those with immediate diagnosis. 2. Authors had better explain the definition about “delayed diagnosis” in this review.