



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: editorialoffice@wjgnet.com

http://www.wjgnet.com

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)		BPG Search:	
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<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 sectionare 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 mortalitythe endoscopists who perform the procedure should be caution)



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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: 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
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<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.