

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 54962

**Title:** Combined endoscopy/laparoscopy/PTBD, hybrid techniques in gastrointestinal and biliary diseases

**Reviewer's code:** 01467363

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Full Professor

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

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

**Manuscript submission date:** 2020-02-28

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2020-04-26 08:54

**Reviewer performed review:** 2020-05-02 08:04

**Review time:** 5 Days and 23 Hours

<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 Grade E: Do not publish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
<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**

**Title:** accurately reflects the topic and contents of the paper. **Key words:** 6 key words, precisely define the content of the paper. **Core tip:** 70 words, appropriate. **Abstract:** is appropriate, not structured, 222 words, provides the reader with relevant information. **Introduction:** is informative, 197 words, the reader is acquainted with the known facts about the advancement of endoscopic, surgical, radiological and hybrid techniques in the management of patients with different gastrointestinal and bilio-pancreatic diseases. **Content of the review:** 2096 words, it is appropriately divided into chapters and subchapters. The possibilities of endoscopy and laparoscopy are presented: resection of GISTs (conventional laparoscopic and endoscopic cooperative surgery, LECS, and further developed/modified methods: inverted LECS, LAEFR, CLEAN-NET, NEWS and closed-NEWS). Possibilities of endoscopic localization of tumors are described: magnet-string-clip system (Ohdaira et al, 2007), endoscopic fluorescent band ligation method (Hung et al., 2016), as well as »air leak test« in the region of anastomosis by intraoperative endoscopy. There is no mention of the most commonly used "spot" endoscopic tattooing with sterile carbon black suspension. The following section explains the options for ERCP and PTBD investigations/interventions. The rendezvous technique which combines endoscopic and percutaneous transhepatic approach was initially described for duodenoscopic sphincterotomy in the 1980s. The rendezvous technique (including EUS guided rendezvous technique), increases the success rate of biliary duct cannulation and facilitates the treatment of different biliary tract diseases (in surgical bile duct injuries, stones, etc). The authors present another method for treating severe biliary strictures or complete obstruction, magnetic compression anastomosis (MCA), this method was introduced in 2015 by Jang Si et al. The last section presents the possibilities of ERCP and laparoscopy (laparoscopy assisted ERCP

- LA ERCP) in patients with Roux-en-Y gastric bypass (RYGB) surgery due to obesity. These patients have a high risk of biliary disease, with up to 40% developing symptomatic cholelithiasis and choledocholithiasis. LA - ERCP method is very successful, according to international literature between 90%-100%. Laparo-endoscopic rendezvous technique, ERCP and laparoscopic cholecystectomy, are considered as standard approaches to treat common bile duct stones and gallstones. To perform both treatment methods, ERCP and laparoscopic cholecystectomy at the same time, the rendezvous intraoperative ERCP with transcystic guide-wire-assisted cannulation technique was developed as a one-stage intervention. A meta-analysis was published on this rendezvous technique in 2018 by Ricci et al (ref. 67). The text is supplemented with 2 figures (1 - conceptual diagram of the classical LECS procedure, 2 - laparoscopic-assisted endoscopic retrograde cholangiopancreatography, ERCP, in patients with Roux-en-Y anatomy) and a table - comparison between the characteristic of exposed LECS and non-exposed LECS). Conclusion: short, 92 words, the authors conclude with a thought that has been often written in international literature: "Further prospective investigations should be conducted to determine the best treatment options". References: 73, from the period: Br J Surg. 1990 - Surg Endosc. and Gastric Cancer 2020; references are appropriate, relevant, references of the last decade prevail. Funding: supported by Grant #2018GZ0088 of Key research and development program of science and technology Department of Sichuan Province Opinion of the reviewer The manuscript is interesting, but does not meet the expectations of the reader. In the last decade, many articles with similar content have been published.