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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2343

Title: Traumatic rupture of a type IVA choledochal cyst in an adult male

Reviewer code: 01437407

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 14:04

Date reviewed: 2013-02-23 01:50

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"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

This manuscript describes a patient who develops traumatic rupture of a type IV choledochal cyst, to include the diagnosis and surgical management. The images and Discussion are good. Minor grammar changes would improve the manuscript:

1. Abstract, line 3 = cystic liver lesions.
2. Abstract, line 6 = patient was successfully managed
3. Case report: a. Paragraph 1, line 2 = abdominal pain b. Paragraph 1, line 3 = the local hospital c. Paragraph 1, line 4 = was moderate free fluid d. Paragraph 1, line 5 = Plain radiography of the e. Paragraph 2, line 5 = of the whole abdomen f. Paragraph 3, line 5/6 = rupture of a choledochal cyst g. Paragraph 4, line 4 = circumferentially h. Paragraph 4, line 5/6 = It was confirmed i. Paragraph 5, line 6 = close follow-up j. Paragraph 5, line 7 = dilatation which decreases after adequate biliary drainage
4. Figure 3 caption = after surgical cyst excision



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2343

Title: Traumatic rupture of a type IVA choledochal cyst in an adult male

Reviewer code: 00070225

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 14:04

Date reviewed: 2013-03-06 00:53

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"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

This manuscript describes, in a patient with traumatic rupture of type IV choledochal cyst, the successful outcome of early surgical treatment. The images are good. Type IVa may be more appropriate. (In the title and in the text should be changed) There is a need to clarify some of the issues in the discussion section: Necessary to change some of the laboratory measurement units: WBC: $9.88 \times 10^9/L$ ($9.88 \times 10^3/ml$), NE: 69.4 %, Hb: 105g/L (10.5g/dl), Hct: 0.31 (31 %). There is a need to clarify some of the issues in the discussion section:

1. The source of the liquid in the abdomen (3000 ml) specified more clearly (hemorrhage?, bile leakage?, inflammatory reaction?, or various combinations of these?). How this fluid was replaced. (blood, colloid, crystalloid fluids or a few of them)
2. Rupture of the cyst wall (5 cm) did not cause a loss of a significant portion of the cyst cavity in CT. This situation suggests that chronic inflammation through the cyst wall thickening or fibrous capsule formed around the cyst. In such a situation primary portoenterostomy can lead to serious problems. What are some results suggesting that this region is in conformity with primary anastomosis? (should be clearly stated)



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2343

Title: Traumatic rupture of a type IVA choledochal cyst in an adult male

Reviewer code: 00071705

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 14:04

Date reviewed: 2013-03-10 05:43

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
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

The English grammar and style need an accurate review. Some points need to clarify. What were the liver function tests (AST, ALT, GGT, Bilirubin i.e.) of the patients in the preoperative period? If they were performed peroperative liver biopsy, then what was the pathology result of the liver biopsy? This is important for long-term results and prognosis of choledochal cysts, especially for type 4a and type 4b. These patients should be followed long period. Finally, some of these patients could be required liver transplantation. These points should be emphasized in the discussion.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2343

Title: Traumatic rupture of a type IVA choledochal cyst in an adult male

Reviewer code: 01213502

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-02-18 14:04

Date reviewed: 2013-03-10 23:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
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COMMENTS

COMMENTS TO AUTHORS:

The authors reported a case entitled "Traumatic rupture of a type IVA choledochal cyst in an adult male". It is rarely reported in adult now because most of the patients were operated in childhood. I agree the report to be interested for many clinicians.

Some suggestions and comments:

1. Running title: type IVA choledochal cystTraumatic rupture? can be changed to "Ruptured choledochal cyst"
2. There are many English grammar mistakes through the content. Suggest revised them by English expert.
3. Please add page number that is easier for further review.
4. p4;line3: The Arabic numbers can not be placed in the beginning of the sentence. ==> "4weeks..."should be" Four weeks..."
5. p.3 3rd line: On ultrasound examination, there were moderate free fluid in the peritoneal cavity especially around the liver and multiple cystic lesions in the liver. Plain radiograph abdomen and chest were normal ? ==>Can the authors show the sonographic and plain abdomen picture? I don't believe extrahepaic cyst was invisible sonographically, nor the normal x-ray in such a condition. ==> Accurate sonographic diagnosis is important and may prevent more expensive modality. Suggest the authors make some discussion in this point.
6. p.3 17th line:...a 18cm?10cm ?9cm cyst with hemorrhage in the common bile duct region,...==>In CT, we cannot see hemorrhage from the wall. We can see a disruption and suggest a rupture with



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hemorrhage(because of plenty ascites)