

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4368

Title: Hepatectomy for bile duct injuries - when is it necessary?

Reviewer code: 00058128

Science editor: Song, Xiu-Xia

Date sent for review: 2013-06-28 17:31

Date reviewed: 2013-06-29 21:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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 TO AUTHORS

This manuscript reads well. But I would recommend summarizing the reported indications for hepatectomy and deleting redundant descriptions in the middle part of this manuscript.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4368

Title: Hepatectomy for bile duct injuries - when is it necessary?

Reviewer code: 00503889

Science editor: Song, Xiu-Xia

Date sent for review: 2013-06-28 17:31

Date reviewed: 2013-07-16 03:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input 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 TO AUTHORS

Overall it is a good revision that could be helpful for doctors gastroenterologists, when they should be making decision to perform hepatectomy in patients with Iatrogenic bile duct injuries. There are some observations and suggestions: 1.- In line 9 the Abstract, is missing the I of the abbreviation IBDI. 2.- The citations numbers 5, 15, 16, 22, 31 and 35, are from the years 1984, 1994, 1996, 1998, 1998 and 1999, respectively. Except for the last 2, which could reinforce some concepts, the rest could be eliminated because in these papers are presented conclusions similar to those described in others newer. In this regard on line 18 on page 7, authors should re-write the paragraph (to keep the citations numbers 15 and 16): In studies conducted in 1994 by Madariaga et al., and in the year 1996 by Majno et al., they indicated hepatectomy in cases of liver-infected necrosis. 3.- At line 20 on page 5 of the manuscript, the paragraph: Complex injuries involving hepatic influence are frequently associated with vascular injuries, liver atrophy, long-standing cholangitis and previous failed attempts at repair. should be removed as it repeats an idea already presented and will be presented again later. 4.- At line 5 on page 6 of the manuscript, the paragraph should be re-written. The aim of partial liver resection in patients with complex IBDI was to remove fibrotic and atrophic liver parenchyma and to perform a single biliary anastomosis, and to remove atrophic parenchyma with a high risk of secondary complication because of vascular or septic lesions.