

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4586

Title: Endoscopic papillary large balloon dilation in patients with perampullary diverticula

Reviewer code: 00039316

Science editor: Gou, Su-Xin

Date sent for review: 2013-07-09 09:22

Date reviewed: 2013-07-10 00:16

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input 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

I reviewed with great interest the manuscript entitled "Endoscopic papillary large balloon dilation in patients with perampullary diverticula". There is a major -study design- drawback that does not allow the publication of the study. EPLBD with or without limited ES are two quite different interventions, and there is a strong possibility that the study results are influenced by this inappropriate combination. Therefore, authors are encouraged to reanalyse their data according to EPLBD vs EPLBD+ES and report it accordingly.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4586

Title: Endoscopic papillary large balloon dilation in patients with periampullary diverticula

Reviewer code: 00035938

Science editor: Gou, Su-Xin

Date sent for review: 2013-07-09 09:22

Date reviewed: 2013-07-13 04:19

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 checked="" 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

General comments: Kim and Kim present their retrospective data on ampullary balloon dilatation in 223 patients with choledocholithiasis of more than 10 mm size. 93 of these patients with large bile duct stones had periampullary diverticula (PAD). Patients with PAD had similar outcome regarding stone clearance and complication rates compared to patients without PAD. The study is a clearly presented retrospective analysis of a clinical important issue as the presence of periampullary diverticula renders therapeutic ERCP challenging and endoscopic sphincterotomy high risk. This study contributes to the our knowledge on feasibility and technical experience of balloon dilatation in difficult ERCP situations. Special comments: In the abstract, "CBD >10mm" is the inclusion criterium, in the methods "CBD stone >10mm". Please clarify. Figure 1: For the purpose of the study, it would be more illustrative to show an example of balloon dilatation at the edge or within a diverticulum. Were there differences in outcome between patients who had balloon dilatation alone or sphincterotomy followed by balloon dilatation? The necessity of sphincterotomy before balloon dilatation might be discussed. Table 3 and 4: Please explain the subtypes in the table or use the description "papilla within diverticulum", papilla at edge of diverticulum" or "papilla outside diverticulum".

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4586

Title: Endoscopic papillary large balloon dilation in patients with perampullary diverticula

Reviewer code: 00038617

Science editor: Gou, Su-Xin

Date sent for review: 2013-07-09 09:22

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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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this study, the authors evaluated the safety and effectiveness of EPLBD with or without limited ES for the treatment of choledocholithiasis in patients with perampullary diverticula (PAD), compared with non-PAD group. Their results suggested that the stone removal and complication between two groups were not significantly different, and the need for mechanical lithotripsy was not frequent in PAD group. Further the safety and effectiveness are observed regardless of PAD subtype. Although most of parts were well-written, there is a critical problem that should be reconsidered. According to the previous many reports, performing EPBD above 10mm is associated with an post-procedural acute pancreatitis. Therefore EPLBD with limited ES is introduced a novel concept that is different from isolated EPBD. In this paper, the authors made light of these backgrounds. Therefore EPLBD with and without ES should be separately evaluated in this study, and the authors should make some discussions the difference between EPLBD with and without ES.