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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4881

Title: Sphincterotomy by Triple Lumen Needle Knife using Guide wire in Patients with Billroth II gastrectomy

Reviewer code: 02572305

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-30 21:26

Date reviewed: 2013-08-07 08:47

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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Well written manuscript, what is the reason that you excluded the 11 patient that was tried before but failed?

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4881

Title: Sphincterotomy by Triple Lumen Needle Knife using Guide wire in Patients with Billroth II gastrectomy

Reviewer code: 02456472

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-30 21:26

Date reviewed: 2013-08-07 19:35

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 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors chose an important subject in clinics. However, the study has some problems which should be revised before publishing. there are no control group in this study; if a control group is introduced, the results will be more convictive. In the abstract and the results, the authors listed the number of patients 8; but in table 1, the number is 9. The number of included patients is too small. In line 2, the parts of Results, "failure to reach major papilla (n=4) and needle knife fistulotomy due to difficult cannulation (n=2) were excluded", the operation was failed in so many patients, why did not calculate the success rate and analyze the improving method in part of discussion. In the part of discussion, the authors listed the advantages of sphincterotomy by triple lumen needle knife, such as reduced operation time and cost, easier control. However, there are no data in the part of result to support the conclusion, and the authors did not listed related data of other studies. There are some grammar errors in the manuscript.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4881

Title: Sphincterotomy by Triple Lumen Needle Knife using Guide wire in Patients with Billroth II gastrectomy

Reviewer code: 00913704

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-07-30 21:26

Date reviewed: 2013-08-13 02:31

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 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)		BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Introduction Correct Material and Methods Define precisely what do you understand by sphincterotomy. The Oddi sphincter anatomic and physiologic length is between 15 to 25 mm. Therefore sphincterotomy means a complete section of this sphincter. I do not believe that you are performing a sphincterotomy but rather an extended papilotomy. Therefore, which is the length of your section? Results 1.- Why in abstract you report 8 patients and in results 9 patients? This a very serious mistake. 2.- Then again in results you report 8 patients, while in table 1. There are 9 patients. 3.- It is a retrospective study. Discussion 1.- You are repeating the same in introduction. 2.- What do you mean by "larger sphincterotomy? 3.- You must be very cautious and humble: a.- This serie is only with 8 or 9 patients (which is which?) Therefore 1 additional patient with some complication represents a 10% of morbidity. Therefore you need a much larger number of patients in order to prove the efficacy of this method. b.- Only 1 person is performing this procedure and therefore results are only valid for this person. If 4,5 or more endoscopists show these results then you can conclude that this procedure is "safe", easy and effective". Be more critical. c.- You mention that all previous methods at least 5) have frequently complications. However your procedure in only 8 or 9 (?) patients is safe. Do you really believe that your conclusions are correct compared to the large experience of other authors?