



# Baishideng Publishing Group Co., Limited

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

**ESPS Manuscript NO:** 7370

**Title:** Hemobilia, Acute Pancreatitis, Acute Cholecystitis and Multiple Ulcers in Stomach Caused by Percutaneous Ultrasound? Guided Liver Biopsy: A case report and review of the literature

**Reviewer code:** 00289451

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 17:31

**Date reviewed:** 2013-11-19 23:58

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

The case report paper describes complications occurring in a 57-year-old patient 11 days after ultrasound-guided percutaneous liver biopsy. Major concerns: TITLE: an improved version of the title could be the following: "Hemobilia, Acute Pancreatitis, Acute Cholecystitis and Multiple Ulcers in Stomach Caused by Percutaneous Ultrasound? Guided Liver Biopsy: A case report in a 57-year-old woman". The text language must be deeply revised by a native English speaking person. DSA examinations result should be added to support the described decision taken for treatment. The author should cite not only the increased arteriportal shunt reported in literature, but also the available techniques described in the following papers for liver vessel automatic segmentation and liver interventions guidance stating the importance of a correct and well planned intervention supported by those methods to reduce the described complications: Conversano F, et al. Hepatic vessel segmentation for 3D planning of liver surgery experimental evaluation of a new fully automatic algorithm. Acad Radiol. 2011 Apr;18(4):461-70. doi: 10.1016/j.acra.2010.11.015. Lamata P, et al. Use of the Resection Map system as guidance during hepatectomy. Surg Endosc. 2010 Sep;24(9):2327-37. doi: 10.1007/s00464-010-0915-3.



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**Title:** Hemobilia, Acute Pancreatitis, Acute Cholecystitis and Multiple Ulcers in Stomach Caused by Percutaneous Ultrasound? Guided Liver Biopsy: A case report and review of the literature

**Reviewer code:** 00503175

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 17:31

**Date reviewed:** 2013-11-23 16:18

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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

Case report "Hemobilia, acute pancreatitis, acute cholecystitis and multiple ulcers in stomach caused by percutaneous ultrasound-guided liver biopsy: a case report and review of the literature" by Hai-Bo Zhou before publication need major revision. Suggestions: 1.First, I suggest that title be changed. My suggestion: Hemobilia and other complications caused by percutaneous ... or Hepatobiliar complications caused by... 2.Second, the all text must be revised by native english speaker. According to my experience the best way is to use some professional agency with experience in medical english. 3.In the text there are some abbreviations which are not explained (DSA, PCLB, PTCD...) 4.Percutaneous biopsy is not operation but intervention. 5.DSA picture with arteriovenous fistula is recommended. 6.Sentence: "In this case, selective arterial embolization was done and gastrointestinal bleeding stopped spontaneously" is not correct. Bleeding was stopped because of embolization so it is obviously that haemorrhage stopped because of interventional procedure and not spontaneously. 7.The value of normal hemoglobin value and bilirubin value is not presented well. Author stated that Hb level decreased from 134 g/L to 73 g/L (normal range 13.5±15.0 g/L). Written in this way normal value is also -1,5 g/L. Normal range means normal value from minimal to maximal normal. 8.The literature is not written in one, standard, consistent way.



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**Title:** Hemobilia, Acute Pancreatitis, Acute Cholecystitis and Multiple Ulcers in Stomach Caused by Percutaneous Ultrasound? Guided Liver Biopsy: A case report and review of the literature

**Reviewer code:** 00070583

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-11-18 17:31

**Date reviewed:** 2013-11-25 22:29

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

## COMMENTS TO AUTHORS

The case report presented by Hai-Bo Zhou and collaborators describes the complications that occurred in a 57 years old woman after ultrasound-guided percutaneous liver biopsy. While describing an interesting array of clinical occurrences, the manuscript is poorly presented in its present form. Major concerns: - The title should be shortened as it can contain less information. All complications that occurred can be found in the keywords, therefore do not need to be in the title as well. - The language has to be extensively revised by a native English speaker. Several phrases simply cannot be understood in their present form, while many others can sound much better once properly formulated. - As a direct result, several phrases are plain wrong: "The effect of liver biopsy was autoimmune liver disease" - one can understand that autoimmune liver disease is a direct consequence of the liver biopsy, which is obviously not the case. - The authors need to pay attention to how they report laboratory values. Normal ranges should contain minimum and maximum values, without "±". Once stated, the intervals do not require constant repetition on the same manuscript page. - All abbreviations used in the text should be explained (examples: PCLB, PTCD, AVF etc.). - Perhaps the procedures used to stop the bleeding can be better explained by the authors and in more detail. Also, supporting iconography can add substantial value to the article. Also, a picture of the fistula obtained through the digital subtraction angiography should be added to the article.