

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6019

Title: Non-Surgical Treatment of Post-Surgical Bile Duct Injury: Clinical Implications and Outcomes

Reviewer code: 02521482

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-30 17:20

Date reviewed: 2013-10-07 04:26

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

COMMENTS TO AUTHORS

Since bile duct injuries represent a life threatening complication after surgery, the investigation over this issue is a very interesting aim. The authors report a large series of hepatobiliary procedures of which 77 had HBI. Concerning the manuscript I have not major but only some minor suggestions as follows: 1) in the material and methods I would encourage to include a picture with Strasberg classification. This could be more interesting for surgeons and from this classification the authors can explain they consider three type as in their paper (BDI 1;2;3) 2) In the protocol of endoscopic intervention at the end of page...all patients were treated with intravenous.. please explain for how many time and which class of antibiotics. 3) Results; study population. line 2: instead of ..seventy seven patients.....These patients were enrolled in this study. Line 4, please explain the acronym IHD 4) Clinical outcomes of non surgical... one patient had bowel perforation during ERCP. I suppose duodenum, but it is better to clearly report which part of bowel and why managed surgically 5) discussion. line 4. Therefore the aims of this....I think the aim is only one.. so.. the aim of this study... We also analyzed the success.....was no significant differences in....please spacing differences in subgroup analysis of 55 patients with cholecistectomy revealed that patients who underwent bile duct exploration.....have you information about this exploration? If transcystic or by choledochotomy? ...and previous as well. In conclusion the most important prognostic parameter determining.....seems less redundant.surgical treatment could be considered, instead of should.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6019

Title: Non-Surgical Treatment of Post-Surgical Bile Duct Injury: Clinical Implications and Outcomes

Reviewer code: 02553311

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-30 17:20

Date reviewed: 2013-10-07 22:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

manuscript is clear and innovative even if its nature of retrospective study from a single center. Some minor language revision is required.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6019

Title: Non-Surgical Treatment of Post-Surgical Bile Duct Injury: Clinical Implications and Outcomes

Reviewer code: 00054174

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-30 17:20

Date reviewed: 2013-10-14 10:07

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This paper was to investigate the effect of non-surgical treatment for bile duct injury. The author indicated that type of BDI was a significant prognostic factor in determining success rate of non-surgical treatment. Endoscopic or percutaneous hepatic approaches can be an initial treatment for bile leak and biliary stricture only. However, surgical intervention is suitable for the patients who had both bile leak and biliary stricture. The paper was well written. It is meaning for the treatment of BDI.