



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 15752

**Title:** Successful biliary drainage using a metal stent through the gastric stoma

**Reviewer’s code:** 02954022

**Reviewer’s country:** United States

**Science editor:** Jing Yu

**Date sent for review:** 2014-12-08 16:25

**Date reviewed:** 2014-12-09 21:33

| CLASSIFICATION                                    | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION  |
|---|---|--|---|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing                 | PubMed Search:                                 | <input type="checkbox"/> Accept                                   |
| <input type="checkbox"/> Grade B: Very good       | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title        | <input checked="" type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good |   | <input type="checkbox"/> Duplicate publication |   |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Rejection                                |
| <input type="checkbox"/> Grade E: Poor            |   | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                           |
|   | <input type="checkbox"/> Grade D: Rejected                            | BPG Search:                                    | <input type="checkbox"/> Major revision                           |
|   |   | <input type="checkbox"/> The same title        |   |
|   |   | <input type="checkbox"/> Duplicate publication |   |
|   |   | <input type="checkbox"/> Plagiarism            |   |
|   |   | <input checked="" type="checkbox"/> No         |   |

**COMMENTS TO AUTHORS**

This case report describes a unique utilization of the Zilver 6F delivery system used through an ultra thin endoscope. Conceivably, simple in method, is novel in its use. A similar utilization would be in those with prior gastric bypass, however with a caveat that a gastrostomy has to be in place. First paragraph, last line some patients are able to have a long life after PEG Please change to some patients have prolonged survival after PEG placement. second paragraph Ultrathin endoscopy change to Endoscopy with ultra thin endoscopes third paragraph A 78-year-old female was referred to our hospital for jaundice and fever, and had elevated serum levels of total bilirubin 11.5 mg/dL (normal range, 0.33-1.28 mg/dl), direct bilirubin 8.0 mg/dl (0.08-0.28 mg/dl), aspartate transaminase 220 U/L (10-35 U/L), alanine aminotransferase 223 U/L (7-42 U/L), alkaline phosphatase 2289 U/L (110-360 U/L), gamma-glutamyl transpeptidase 431 U/L (5-40 U/L), white cell count 8130 /ul (3500-8500 /ul), C-reactive protein 9.7 mg/dL (0.0-0.3 mg/dL), carcinoembryonic antigen 4.34 ng/ml (<5.00 ng/dl), and carbohydrate antigen 19-9, 2479 U/ml (< 40.0 U/ml). THE ABOVE CAN BE SUMMARIZED TO: A 78-year-old female was referred to our hospital for jaundice and fever, and liver enzymes revealed an obstructive pattern with a serum total bilirubin of 11.5



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mg/dL. pharynx cancer has to be changed to cancer of the pharynx I recommend revising the last paragraph with retention of the content. Question to authors: 1. Gastric bypass surgeries are increasing (Roux-en-Y) and above technique can be utilized provided a gastrostomy is in place. What is the current literature evidence regarding this. Couple of lines summarizing can be included. 2. What is 'inversion operation' described in figure 2 3. I am not sure if a discussion between covered and uncovered is necessary in this case report. Is there any 6Fr deployment device for a covered stent? The choice probably is an uncovered stent given this restriction. I recommend retaining just this statement: Uncovered metallic stents such as Zilver635 are more suitable than covered metallic stents for an endoscope with a small working channel because of the thinner delivery of uncovered metallic stents. Other points: Great pictures!



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 15752

**Title:** Successful biliary drainage using a metal stent through the gastric stoma

**Reviewer's code:** 02941600

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| CLASSIFICATION                                    | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION  |
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|   |   | <input type="checkbox"/> Plagiarism            |   |
|   |   | <input checked="" type="checkbox"/> No         |   |

### COMMENTS TO AUTHORS

The authors present a novel approach of biliary drainage for malignant stricture using a metal stent (Zilver 635) with an ultrathin endoscope through the gastric stoma. This case report shows that biliary malignancies can be managed with ERCP through PEG.