

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12083

**Title:** Is intraoperative cholangiography a necessary during laparoscopic cholecystectomy for cholelithiasis? A Prospective Randomized Trial

**Reviewer code:** 00051746

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-06-25 14:58

**Date reviewed:** 2014-06-26 12:24

| 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"/> Existing   | <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                                      | BPG Search:                         | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade E: Poor            |   | <input type="checkbox"/> Existing   | <input checked="" type="checkbox"/> Minor revision     |
|   |   | <input type="checkbox"/> No records | <input type="checkbox"/> Major revision                |

## COMMENTS TO AUTHORS

Authors conducted the randomized prospective study to investigate the influence of intraoperative cholangiography (IOC) during laparoscopic cholecystectomy for cholelithiasis. They concluded that IOC does not prevent retained common bile duct stones and bile duct injury. I think that this paper is interesting. However, some minor revisions are needed. Please consider the following points. 1. Did all patients receive the imaging examinations such as ultrasonography or computed tomography before laparoscopic cholecystectomy? 2. Authors had better show the laboratory data in each group.

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**ESPS manuscript NO:** 12083

**Title:** Is intraoperative cholangiography a necessary during laparoscopic cholecystectomy for cholelithiasis? A Prospective Randomized Trial

**Reviewer code:** 02822880

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-06-25 14:58

**Date reviewed:** 2014-07-08 04:44

| 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"/> Existing   | <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                                      | BPG Search:                         | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor            |   | <input type="checkbox"/> Existing   | <input checked="" type="checkbox"/> Major revision     |
|   |   | <input type="checkbox"/> No records |  |

## COMMENTS TO AUTHORS

The authors are to be commended for doing a randomized study on this interesting topic that has been studied before but still remains debated. There are some things I feel need to be clarified. 1) Where there any patients in just the Laparoscopic cholecystectomy (without routine cholangiogram) group where the authors felt the need to or changed approach and did a cholangiogram to clarify the anatomy. 2) The patients who were converted to open were excluded from analysis however did some of them get a cholangiogram before conversion then this group would be relevant to the analysis. 3) The authors had one patient in whom a Lap CBD repair was performed where the routine cholangiogram was helpful in identifying a small injury, they have compared this to a patient in the other group who had a bile leak which may have been presented if a routine cholangiogram was performed, so cholangiogram could have been helpful in both those patients and a comparison of the complication rate and comparing means hence is not relevant as it implies that one complication happened in both the groups. 3) The mean length of stay was 4 to 5 days with Lap cholecystectomy which seems very long as usually Lap cholecystectomy is performed as same day surgery in USA and Europe with 3 to 4 hours stay afterwards, can the authors comment on that. 4) A finding that I would highlight is that the frequency of retained CBD stones was low and for that reason routine cholangiogram may not be necessary just to identify missed CBD stones where Ultrasound, Liver function is not suggestive of them.

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**ESPS manuscript NO:** 12083

**Title:** Is intraoperative cholangiography a necessary during laparoscopic cholecystectomy for cholelithiasis? A Prospective Randomized Trial

**Reviewer code:** 02954965

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-06-25 14:58

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

## COMMENTS TO AUTHORS

Need to match the patients Liver function tests and pre-op biliary imaging findings in detail. May be authors have this data and can please add it. Otherwise, it is difficult to interpret the data.