



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12997

Title: Common bile duct injury by fibrin glue: report of a rare complication,

Reviewer code: 00049018

Science editor: Su-Xin Gou

Date sent for review: 2014-08-02 22:11

Date reviewed: 2014-08-12 12:11

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

COMMENTS TO AUTHORS

Dear Dr. Yang: Manuscript entitled "Common bile duct injury by fibrin glue: report of a rare complication" which you submitted to the World Journal of Gastroenterology, has been reviewed. The comments of the reviewer(s) are included in this letter. Although fibrin glue is being routinely used in various operative procedures, the complication reported by your group is extremely rare. However, despite showing considerable interest in your manuscript, I do not feel that it is acceptable for publication in its present form. I would be ready to consider a revised version if you are able to completely and satisfactorily answer the questions and revise the manuscript to address each point.

Comments: Comment 1: From the abstract, the reader gets an impression that this is a case of post cholecystectomy bile duct injury rather than CBD injury due to fibrin glue. "We report a case of 65-year-old man, with a history of failed laparoscopic cholecystectomy and open surgery for uncontrol laparoscopic bleeding, who presented for further evaluation of the icteric skin and sclera."

Comment 2: Ultrasonography is a poor investigation for CBD stones with a sensitivity ranging from 30-75%. Its mentioned that biliary sludge, sand like stones and bile duct cancer were excluded.

Comment 3: Why was not an EUS done before subjecting the patient to surgery especially when other imaging modalities and tumour markers were not suggestive of cholangiocarcinoma. Comment 4: Please do not use abbreviations like d and mo and provide appropriate full forms of the words. "Capillary and fibroblast proliferation appears around the periphery and inside of the wound within 3 d, the fibrin polymer disappears after 7 d and the wound is considered to be fully healed". "This



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phenomenon is a rare complication, similar to titanium clip and surgical suture migration into the common bile duct following open or laparoscopic cholecystectomy, and the migration time ranges from 10 d to 10 years" A support tube should be placed, < 12 mo, to reduce the incidence of postoperative biliary strictures[18]. Comment 5: The author makes a sweeping statement that large doses of fibrin glue for bleeding and bile duct bile leakage should be prohibited without providing a proper reference. I suggest he can add a reference: E. A. Boonstra, I. Q. Molenaar, R. J. Porte, and M. T. de Boer, "Topical haemostatic agents in liver surgery: do we need them?" HPB, vol. 11, no. 4, pp. 306-310, 2009. Comment 7: Please provide better CT and MRCP images if available. Comment 6: The manuscript needs wholesome editing for the English language to make it more suitable for the English readers. There are far too many grammatical errors in the manuscript which need to be rectified before it can be considered for publication. e.g. "We report a case of 65-year-old man, with a history of failed laparoscopic cholecystectomy and open surgery for uncontrol laparoscopic bleeding, who presented for further evaluation of the icteric skin and sclera." "We now report a case of common bile duct injury, associated with fibrin glue used in the failure of laparoscopic cholecystectomy and open surgery for uncontrol laparoscopic bleeding." "The current example of fibrin glue had not been absorbed in the body for 3 years, and the ranked reactions of organization to fibrin glue may have affected its absorption."



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12997

Title: Common bile duct injury by fibrin glue: report of a rare complication,

Reviewer code: 02954650

Science editor: Su-Xin Gou

Date sent for review: 2014-08-02 22:11

Date reviewed: 2014-08-12 14:33

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a important complication by fibrin glue. This case report may be interest to the readers of this journal.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12997

Title: Common bile duct injury by fibrin glue: report of a rare complication,

Reviewer code: 00505493

Science editor: Su-Xin Gou

Date sent for review: 2014-08-02 22:11

Date reviewed: 2014-08-08 20:22

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists various grades (A-E) and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

First of all the English is actually poor and the paper must be re-written with the assistance of a mother-language expert . Many sentences are inconceivable for the readers. ABSTRACT : 1) "...open surgery for uncontrol laparoscopic bleeding, who presented for further evaluation of the ..." must be corrected and improved 2) "...was unsuccessfully performed to remove choledocholithiasis ,but a small amount of tissue was removed " in a more readable english " .. ERCP was unable to remove all stones but a specimen of biliary mucosa was taken " . and so on INTRODUCTION : 3) "T-tube visualization was performed and the contrast agent was introduced smoothly into the duodenum " Maybe a cholangiogram through T-Tube is more correct , then i cannot understand what they means when introduce the contrast medium smoothly in the duodenum ! Please explain 4) How did they performed endoscopy through the T-tube fistula ? they did with a bronchoscope ? please explain . with the tube in-situ or after removal ? It is not clear DISCUSSION :5) What is a support tube? please explain well 6) "...large doses of fibrin glue for bleeding and bile duct bile leakage should be prohibited " This sentence is bad built and is quite fixed . First of all , have the authors assumed a reason for the so large inflammatory and calcific reaction of the fibrin glue? In my opinion the absorption of the fibrin glue (that is a natural process in living beings) was altered from a defect in preparation or because of a wrong application of precipitated components . Anyway its application over the biliary tract is to be considered only after a careful repair of the same. Of course it is not " a miracle glue " but could help in healing sutures. Moreover It is not possible to consider



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the glue as a foreign body just like a suture or clip unless it was altered . I cannot think to a surgeon that apply fibrin glue direct over a leakage. 7) The last sentence must be deleted because the management of biliary fistula is known and no more experiment needs



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12997

Title: Common bile duct injury by fibrin glue: report of a rare complication,

Reviewer code: 01560081

Science editor: Su-Xin Gou

Date sent for review: 2014-08-02 22:11

Date reviewed: 2014-08-08 14:43

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

COMMENTS TO AUTHORS

The authors reported a case with fibrin glue induced common bile duct injury. The clinical manifestations were well described. There are some comments 1, The first sentence of Abstract, Introduction, and Discussion are exactly same. Please make change. 2, Although fibrin glue is widely used in operation, the chance of cause bile duct defects and stricture was rare. Please explore the etiology of this complication, ex. the dosage or the usage of glue. 3, Please analyse the CT and MRI image. Are there any difference between bile duct stone and fibrin glue or carcinoma? Is it possible to make the definite diagnose before the operation?



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12997

Title: Common bile duct injury by fibrin glue: report of a rare complication,

Reviewer code: 02735072

Science editor: Su-Xin Gou

Date sent for review: 2014-08-02 22:11

Date reviewed: 2014-08-17 01:46

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists various review grades (A-E) and corresponding actions like 'Accept', 'High priority for publication', 'Rejection', 'Minor revision', and 'Major revision'.

COMMENTS TO AUTHORS

Dear authors, My review has as follows: Abstract/main text: not clear presentation of facts, I had to go back and forth to understand. Also, moderate to poor quality of English and usage of terminology, eg "with a history of failed laparoscopic cholecystectomy and open surgery for uncontrol laparoscopic bleeding, who presented for further evaluation of the icteric skin and sclera" could be written as "... with a history of laparoscopic cholecystectomy converted to open due to bleeding, who was presented with jaundice". 'Endoscopic retrograde cholangiopancreatography was unsuccessfully performed to remove choledocholithiasis, but a small amount of tissue was removed and pathologically confirmed as calcified biliary mucosa' could be 'ERCP failed to remove CBD stones; also tissue sampling revealed mucosal calcification'. Also, "choledocholithiasis" is not 'removed' but 'treated'. Gallstones can be 'removed'. 'Deletion' is not proper for the CBD (it can be used for a gene though) but 'tissue gap', 'wall defect', or even 'hole'. '...repaired by liver round ligament with T-tube drainage'? 'cholecystolithiasis' should be 'cholelithiasis'. 'nohomogeneous' is it 'heterogeneous'? Main text: misspellings, grammatical errors, not facilitating reading. The first 3 sentences in Abstract, Introduction and Discussion are copy-pasted (?). The authors should contact the surgeon who performed the first operation and learn "inner" information about it. A possible scenario could be for example that the fibrin glue (potentially in huge amounts) was used not to treat (only) bleeding but (also) to plug a hole that could have been caused in the CBD due to bad technique or because of bad visibility. In Discussion authors are repeating parts of the previous text. The



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'...titanium clip and surgical suture migration into the common bile duct...' is irrelevant to the topic discussed. No need to add information with which the only connection is rarity. The authors should have provided photographs of the CBD with the fibrin glue attached and of the CBD wall defect after removal of the fibrin glue. Figure 5 does not give a clear view and needed larger magnification. Also, the rest figures lack arrows pointing to specific areas of interest. 'The effect of using liver round ligament to repair extrahepatic bile duct is satisfactory, which is worthy of promotion for clinical use, but the time of placement time of the support tube needs verified in further animal experiments': Large multicentre randomised controlled trials can change significantly our surgical practise and neither 'animal experiments' nor simple experience from a surgeon or a centre. I could not find the articles #16, #17, #18 in PubMed. Please try so that bibliography cited can be found in PubMed.