

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 20108

Title: Negative short-term impact of intraoperative biliary lavage in patients with hepatolithiasis

Reviewer's code: 03261756

Reviewer's country: United Kingdom

Science editor: Jing Yu

Date sent for review: 2015-05-31 17:13

Date reviewed: 2015-06-02 10:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input 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 checked="" 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 manuscript aims to answer an important clinical question when dealing with recurrent pyogenic cholangitis (RPC) - i.e. sepsis. There is no major flaw in statistical method and calculation. However, I would like to point out a few problems. Firstly, the use of language which needs polishing. In terms of background information of RPC, one major form of treatment - Hepaticocutaneous jejunostomy was not mentioned in the introduction of this manuscript. In addition, the operating surgeons for lavage vs. non-lavage group were different. I understand that this is a retrospective study but at least the authors should mention if the operating surgeons are of similar seniority so as to make the two groups comparable.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 20108

Title: Negative short-term impact of intraoperative biliary lavage in patients with hepatolithiasis

Reviewer's code: 03104028

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2015-05-31 17:13

Date reviewed: 2015-06-07 00:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This manuscript addresses the necessity and safety of intraoperative biliary lavage for hepatolithiasis. This paper is interesting, but a substantial revision is needed to make this manuscript suitable for publication. [major] 1. About the treatment for hepatolithiasis, transpapillary and percutaneous treatment are generally performed. You should mention the policy on treatment options for hepatolithiasis in your institution. 2. Therapeutic protocol is unclear. You mentioned "For patients with unilateral hepatolithiasis or with accompanying liver atrophy, liver resection was also performed during surgery" in Materials and Methods section, and "For the remaining 225 patients, the stones were located either on the left or right side of the liver only." in Result section. I think these patients needn't the intraoperative biliary lavage as the treatment. You should add the number of patients with unilateral hepatolithiasis in each group, and explain why intraoperative biliary lavage is necessary even for these patients, whose liver is finally resected. 3. Compared to the control group, there were many liver cirrhosis patients who had impaired immune system in the lavage group. Can this fact cause the high incidence of the postoperative fever,



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cholangitis and abdominal infection in the lavage group? You should discuss this matter. 4. Are there differences in the occurrence of postoperative fever, cholangitis and abdominal infection between open and laparoscopic surgery? Add the number of these patients in each group. If there is a significant difference, you should discuss this matter. [minor] 1. Table1, 2, 3, 4 and 5 are unclear for understanding the difference between the two groups. Add the proportion in each group.