

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22974

Title: Risk factors of biliary intervention by imaging after living donor liver transplantation

Reviewer's code: 00005191

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2015-10-09 08:55

Date reviewed: 2015-10-20 23:57

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> [Y] 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 checked="" type="checkbox"/> [Y] 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
		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"/> [Y] No	

COMMENTS TO AUTHORS

Biliary complications after living donor liver transplantation (LDLT) are an important cause of morbidity and mortality; however, the risk factors that can be obtained from a magnetic resonance cholangiopancreatography (MRCP) image have yet to be determined. The manuscript is a retrospective study aiming at showing that biliary leakage, presence of a filling defect on a maximum intensity projection (MIP), and the anastomosis site angle are significant risk factors on MRCP images for future biliary intervention. The study also confirms what other studies already have showed but is still debated by others, i.e. that anastomosis method and the presence of a T-tube are not risk factors for biliary intervention. The Authors demonstrate that biliary leakage on MRCP is predictive of biliary intervention after LDLT. A filling defect on MIP images also seems to be a risk factor for biliary intervention. Finally, the anastomosis site angle on a 3D image proves to be a risk factor for biliary intervention - an issue that no study has ever investigated for LDLT, so far. The Authors acknowledge some possible limitations of their study and stress the need of further prospective studies that should to confirm the clinical implications of MRCP 1 month after LDLT. Their



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conclusion, however, is that MRCP findings of a filling defect on MIP images, biliary leakage, and anastomosis site angle results 1 month after LDLT could be used to determine the need for future biliary intervention. The manuscript is very well-written and researched, and it carries an important message. Predicting a future biliary intervention using a noninvasive method, such as MRCP, is in fact useful information for hepatologists and liver transplant surgeons. Therefore, even considering the afore-mentioned limitations acknowledged by the Authors themselves, the manuscript deserves publication.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22974

Title: Risk factors of biliary intervention by imaging after living donor liver transplantation

Reviewer's code: 02438650

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-10-09 08:55

Date reviewed: 2015-10-21 04:09

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors demonstrated that the anastomosis site angle might be associated with the need for biliary intervention. As we all know the biliary complications after living donor liver transplantation (LDLT) are correlated with ischemia-reperfusion injury. So I want to know: 1. How about the cold storage time in both Group 1 and Group 2. Why the authors wouldn't list the cold storage time as a patient baseline characteristic in Table 1. 2. Before biliary anastomosis, how many cases (both donors and recipients) with biliary variation in both Group 1 and Group 2. 3. Biliary intervention was defined as procedures involving ERCP and PTBD in your manuscript. Whether some biliary complications need re-operative intervention?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 22974

Title: Risk factors of biliary intervention by imaging after living donor liver transplantation

Reviewer's code: 02540061

Reviewer's country: Austria

Science editor: Jing Yu

Date sent for review: 2015-10-09 08:55

Date reviewed: 2015-11-01 16:59

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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Authors, Detection and treatment of biliary complications after living donor liver transplantation (LDLT) was evaluated. Major concerns: - MRCP was performed on a routine base as standard operative procedure? What was the proportion of asymptomatic patients at time of MRCP? - Moreover, information concerning clinical status, lab examination, treatment modality of the biliary complication (which intervention, number of interventions, surgical treatment with bilio-digestive anastomosis or others) is mandatory. - In my opinion the 2 patients found with choledocholithiasis should not be excluded. Stones in the common bile duct are also a biliary complication. - How did the authors define the cut-off for the anastomosis site angle of 113.3°? Minor concerns: - The Title is misleading and should be reconsidered. - Abstract: "Biliary anastomosis was performed ..." This statement is confusing and should be changed in something like "direct duct-to-duct biliary anastomosis ...". - The perioperative mortality (<1month) is high (7%)! The authors should comment on this, listing the reasons of death, etc.