

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 23951

**Title:** Impact of previous cyst-enterostomy on patients' outcome following resection of bile duct cysts

**Reviewer's code:** 00001832

**Reviewer's country:** Germany

**Science editor:** Shui Qiu

**Date sent for review:** 2016-01-11 17:49

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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

The manuscript by Mehdi Ouaiissi and co-workers analyzes the impact of previous cyst-enterostomy on patients' outcome following resection of bile duct cysts. The results of this European multicenter study are very interesting and the manuscript is well written. The authors can be congratulated for putting these data together. I have some minor comments: ? I believe that the authors should clearly conclude from their and other studies that bile duct resection and not CE is the therapy of choice of Todani types I and IVb BDC. ? The rate of synchronous biliary cancer of 31.3% vs. 6.2% is surprisingly high. Do the authors believe that this is age related, related to the previous CE or a selection bias since cancer patients might have had a higher chance of becoming symptomatic? ? The reoperation rate of almost 40% is very high, even considering that some procedures were major. Is there any explanation for this besides previous surgery?

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**Name of journal:** World Journal of Gastrointestinal Surgery

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**Title:** Impact of previous cyst-enterostomy on patients' outcome following resection of bile duct cysts

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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

Patient with previous CE form a highly selected subset of patients, obviously presenting with a relapse of problems (mainly cholangitis) that lead to a revision, thus it is reasonable that they had more problems. The numbers are small (16 out of 243 with previous CE over a time period of 37 years, with countless subgroups with distinct risk conditions) indicating the limited statistical power and the problems when generalizing the results. Though impressingly increased percentages in the group of previously treated patients in fact only few patients with resection of BDC are charged. A complete statement as indicated by the authors to the role of a previous CE on short and long-term outcomes after secondary cyst resection requires the data how many patients with a CE need a revision for BDC resection, and what is their reoperation rate., nothing that is provided by this study. Overall the differences may be significant but hardly relevant for patients with cyst resection as a previous history is rare. Furthermore the data are not suitable to prove any advantage or disadvantage of a cystoenterostomy, with the exception that any relapse after CE is an indicator of complication or malignancy. The statement that Cyst-enterostomy should definitively be abandoned



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as a treatment option is not confirmed by the data. The major differences are changes in only 2 - 4 patients in the subgroup of re-dos, which may be caused by a lot of different variables, and can not simply be linked to the previous procedure! Over all, the data of this study should be presented as descriptive analysis without trying to adopt these results to the general patient with BC, and without any interpretation on the value of primary CE in comparison to primary resection.

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**Name of journal:** World Journal of Gastrointestinal Surgery

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<input type="checkbox"/> Grade B: Very good	<input 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 checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		BPG Search:	
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		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

1 The number is too small of patients who received previous cyst-enterostomy, only 16. 2 From Table 1, that all of the 16 cases are adults which implies that symptoms were not obvious or severe when they were young. 3 Imaging studies are inadequate because most of the patients were examined by percutaneous ultrasound. 4 Numerous typo- and grammatical errors exist.