

## PEER-REVIEW REPORT

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

**Manuscript NO:** 66731

**Title:** Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography

**Reviewer’s code:** 02537509

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** Spain

**Author’s Country/Territory:** Japan

**Manuscript submission date:** 2021-04-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-05 06:02

**Reviewer performed review:** 2021-04-11 08:51

**Review time:** 6 Days and 2 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

#### **SPECIFIC COMMENTS TO AUTHORS**

The approach and the arguments of the authors seem correct to me. The proposal of this new terminology should establish and incorporate adequate criteria to make recognized the appropriate indications to perform an efficient endoscopic therapy.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 66731

**Title:** Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography

**Reviewer's code:** 05040484

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor, Professor, Research Scientist

**Reviewer's Country/Territory:** Russia

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2021-04-04

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2021-05-25 19:04

**Reviewer performed review:** 2021-05-27 09:21

**Review time:** 1 Day and 14 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

## **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting opinion, but I have a few comments. 1) the author uses abbreviations GSP and GSH that are very easily confused by the reader, since they begin the same and differ only in the last letter, this should be avoided 2) pathological concepts of hepatitis and pancreatitis are different. In pancreatitis, inflammation is usually secondary to necrosis, while in hepatitis, inflammation is primary, and evident necrosis is rare. In obstructive jaundice, necrosis of hepatocytes does occur as a consequence of cholestasis and leads to the development of postnecrotic inflammation, the markers of which are neutrophil infiltration. Unlike ordinary hepatitis, in which inflammatory infiltration is primary and leads to damage, it is rather secondary in discussed case and only cleans the liver from dead hepatocytes. I think this difference in the pathogenesis of ordinary hepatitis and liver damage described in the manuscript should be discussed. 3) the author focuses on the development of cholangitis in these patients, but this is not reflected in the proposed term. 4) I also think it will be useful to divide the liver disorders in obstructive jaundice into pure cholestasis, acute cholestatic cholangitis and acute postnecrotic cholestatic hepatitis described in the article, or to show that, as a rule, they all occur simultaneously.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 66731

**Title:** Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography

**Reviewer's code:** 05312019

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Portugal

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2021-04-04

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2021-05-25 17:40

**Reviewer performed review:** 2021-05-29 06:41

**Review time:** 3 Days and 13 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting opinion review. The proposed term is innovative and can be useful in clinical practice. However, pathophysiology is exhaustively explained and there is not a clear proposal of clinical approach for these patients, namely by an algorithm. English grammar is poor and needs improvement.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 66731

**Title:** Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography

**Reviewer's code:** 02462470

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2021-04-04

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2021-05-26 10:02

**Reviewer performed review:** 2021-05-29 11:52

**Review time:** 3 Days and 1 Hour

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

## **SPECIFIC COMMENTS TO AUTHORS**

This is an opinion review suggesting the addition of term - GSHP for stratification of patients with biliary acute pancreatitis. The manuscript details the history of how biliary acute pancreatitis has been theorized over the years highlighting major landmark investigations. Clearly there are, as per the manuscript, few stages/ stratifications -

1. Gallstone hepatopancreatitis
2. Gallstone pancreatitis
3. Gallstone pancreatitis with ascending cholangitis
4. Gallstone necrotizing pancreatitis
5. Gallstone hepatitis

In clinical practice, the differential diagnosis for patients with elevated liver function tests and gallstones in the acute setting includes -

1. Gallstones with cholecystitis without choledocholithiasis - Common
2. Gallstones with cholecystitis with choledocholithiasis - Also common
3. Gallstones with cholecystitis with acute pancreatitis - this is extremely rare
4. Gallstones without cholecystitis and with any of the above - common
5. Gallstones without cholecystitis with a combination of choledocholithiasis and acute pancreatitis - common as well
6. Any of the above with ascending cholangitis

This opinion paper needs more discussions regarding -

1. The paper does not detail how to differentiate between gallstone cholecystitis and GSHP - this is one scenario where liver enzymes are elevated due to cholecystitis itself without hepatocellular injury. This condition is relevant only when there is no acute pancreatitis since in clinical practice we rarely ever see acute cholecystitis and acute pancreatitis. So this may not apply when we have acute pancreatitis. But the manuscript needs to mention this possibility.

Additional points to consider -

- Acute chole is due to GB obstruction. Acute pancreatitis is gallstone down at ampulla. But GB has multiple stones. What are the chances of stones causing blockage of both GB and at ampulla simultaneously?
- 2. The differentiation GSHP and ascending cholangitis is a thin line where we recommend urgent ERCP. I agree that the Charcot's triad is not always applicable. I also agree that EUS is many a





**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
<https://www.wjgnet.com>

times combine with ERCP and performed before ERCP in clinical practice to rule out choledocholithiasis. 3. I strongly recommend a flow chart to address various aspects of diagnosing a patient with gallstones and abnormal liver enzymes with acute pancreatitis. The Flow Chart can start with index patient with gallstone pancreatitis and have branching points. Authors should suggest management as per the branching algorithm. This would improve the quality of this opinion paper.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 66731

**Title:** Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography

**Reviewer’s code:** 05038862

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

**Reviewer’s Country/Territory:** Egypt

**Author’s Country/Territory:** Japan

**Manuscript submission date:** 2021-04-04

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2021-05-25 20:54

**Reviewer performed review:** 2021-06-04 23:25

**Review time:** 10 Days and 2 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

#### **SPECIFIC COMMENTS TO AUTHORS**

Although it is a new vision to a common clinical problem, We suggest the term cholangiopancreatitis rather than hepatopancreatitis, because this is the main concern and drive for ERCP or not, to relieve the obstruction. the term hepatitis is misleading I think hepatitis here is not due to the stone itself, however, cholestasis and ile regurgitation and / or ascending cholangitis are the expected causes behind the elevated liver enzymes. another point; As long as we have 4 criteria for the determination of the need for ERCP or not ( based on serum bilirubin, fever, CBD diameter, stone presence), what is the added value to change the name, why we dont make an algorithm initially to define patients in need for ERCP based on these findings? what is the situation if pancreatitis occurred in a patient with pre-existing hepatitis, We think it will be misleading specially if you don't have baseline data How will you define a case as GSHP vs. GSH ? if it will be based on just elevated enzymes, there will be many confounders...

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Manuscript NO:** 66731

**Title:** Proposal of the term “gallstone cholangiopancreatitis” to specify gallstone pancreatitis that needs urgent endoscopic retrograde cholangiopancreatography

**Reviewer’s code:** 05040484

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor, Professor, Research Scientist

**Reviewer’s Country/Territory:** Russia

**Author’s Country/Territory:** Japan

**Manuscript submission date:** 2021-04-04

**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2021-07-05 06:42

**Reviewer performed review:** 2021-07-05 06:47

**Review time:** 1 Hour

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

## SPECIFIC COMMENTS TO AUTHORS



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

I have no new questions.