

## PEER-REVIEW REPORT

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

**Manuscript NO:** 79903

**Title:** Our initial single port robotic cholecystectomy experience; A feasible and safe option for benign gallbladder diseases.

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02914303

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-09-22

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-23 11:21

**Reviewer performed review:** 2022-09-24 17:14

**Review time:** 1 Day and 5 Hours

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 Grade E: Do not publish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

<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

Congratulations for such a comprehensive and well written scientific material that focuses on an important and modern surgical solution, the use of robotic surgery via single port access in gallbladder lithiasis. Although you clearly mentioned the fact that an economic comparison was not a primary goal of the paper it would definitely add even more value to the study since nowadays, with all major surgical options for gallbladder surgery being mature enough for clinical widespread, a cost-to-benefit ratio will definitely be a major determining point in choosing the most balanced method for surgical approach in this class of diagnosis. Your paper is very well written and touches all the major points of a study of this magnitude. However, several points need minor clarifications. Observations: IN ABSTRACT -> METHODS Page 2, Line 20 , Column 66 [...] cholelithiasis [...] Please specify whether the inclusion diagnosis included both vesicular lithiasis and/or common bile duct lithiasis as this class of diagnosis might suggest. Later in the paper you only specify gallbladder lithiasis, so a clarification at this point is in order. IN MAIN TEXT -> METHODS Page 5, Line 3, Column 29 [...] gallstones [...] Please provide some information to clarify the type of clinical diagnosis and classification. Were all patients asymptomatic? Were all surgeries performed in patients with no clinical and imaging modifications? Was acute or chronic gallbladder inflammation present? This might support the excellent results of having no complications at all during your series of SPRC, however limit the span of the conclusion that SPRC can be safer and with better results than other methods. IN MAIN TEXT -> RESULTS Page 5, Line 8, Column 55 [...] technique similar to LC [...] Without going into technical details of the robotic approach, please specify whether your surgical strategy



**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>

for dissection included achieving the Strasberg critical view of safety, a rule the most of the experienced surgeons that perform LC abide by. This can further clarify that the view achieved by SPRC is the same or better than LC. Page 5, Line 29, Column 54 [...] graft reinforcement [...] Please specify what type of graft reinforcement surgical method you considered for the abdominal wall reconstruction. Was it mesh? What type and what method of mesh placing?

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**Reviewer's code:** 03476120

**Position:** Editorial Board

**Academic degree:** BSc, FACS, FASCRS, FICS, FRCS, FRCS (Ed), MBBS, MCh

**Professional title:** Professor

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

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

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**Review time:** 7 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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#### **SPECIFIC COMMENTS TO AUTHORS**

Nice observational study on single port robotic cholecystectomy. The following points need addition/ clarifications 1.Add a paragraph in review about single port vs multiport robotic cholecystectomy- advantage and disadvantages other than ergonomics and technical part ( not compared to lap cholecystectomy) 2. Difference in size of skin incision in SPLC and SPRC. 3. Explain the higher incidence ( 60%) incisional hernia? Was any measures taken to minimize in recent years as this was an experience between 2013-2021. 4. Add one table comparing your own data of laparoscopic cholecystectomy ( single/ multiport) of last 40 patients .