

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 75255

Title: Feasibility of endoscopic papillary large balloon dilation to remove difficult stones in patients with nondilated distal bile ducts

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02441274

Position: Editorial Board

Academic degree: FACG, FASGE, MD

Professional title: Adjunct Professor, Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Brazil

Manuscript submission date: 2022-01-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-21 05:40

Reviewer performed review: 2022-01-24 06:38

Review time: 3 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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Thanks for asking me to review this article. While the study is secondary analysis of 2 prospective trials, it does give important message with potential impact on our clinical practice. I have a few comments:

- The drawback is inherent in design. There was a selection bias. Some of the patients included in 2 prospective studies requiring mechanical lithotripsy could have been better managed by balloon sphincteroplasty. These were obviously not included in the present study.
- The authors have used terms such as non-dilated distal bile duct, narrow bile duct, thin bile duct at different places. There should be uniformity in terminology with clear definitions.
- Were all patients dilated upto 15 mm or some with tight narrowing and smaller duct managed by 12mm or 13.5mm dilatation?
- As shown in Table 1, need for mechanical lithotripsy in non-dilated duct was 25% as compared to 6.4% in those with dilated duct. This was inspite of significantly smaller and lesser number of stones in group with non-dilated duct. This is important observation and does point towards difficult endotherapy results in this group. This needs to be highlighted in result section & in discussion. What is author's explanation for this? Please modify title and conclusion accordingly.
- How was procedure time defined. Author should mention the range of procedure time in 2 groups. They have only mentioned mean.
- Severity of complications is better by Atlanta criteria rather than Consensus criteria used by author.

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Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03714153

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Brazil

Manuscript submission date: 2022-01-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-28 01:18

Reviewer performed review: 2022-02-09 06:09

Review time: 12 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

I deeply concerned about the safety of EPLBD in the nondilated CBD patients, because there were two perforation cases only in that group. So, this article should change the conclusion and the title include the special caution about the safety. distal CBD 가 늘어나지 않은 환자한테 12-15mm 이상의 EPLBD 를 시행해서 perforation 2 케이스 밖에 없었다. PEP 등 다른 유발증은 차이가 없었다. 그래서 안전하다 라고 결론을 내리기에 위험하다고 생각합니다. SpyGlass 등을 이용한 lithotripsy 에 비해서 시간을 줄여줄 수 있다고 했지만 EPLBD 가 아닌 EST + EPBD 후 mechanical lithotripsy 를 이용하여 담석을 제거하고 temporary biliary stenting 등을 이용하는 것이 맞다고 생각합니다. 결론에서 해당 내용에 관해 충분히 추가기술을 요구하며 제목도 이에 합당하게 변경하는 major revision 이 필요합니다.