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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 4679

Title: Migration of a of biliary stent causing duodenal perforation and biliary peritonitis

Reviewer code: 01430761

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-15 15:27

Date reviewed: 2013-07-16 15:43

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a case report of a biliary stent migration causing duodenal perforation and biliary peritonitis after stent placement for benign biliary stricture. 1. Discussions were somewhat redundant. As the authors concluded, treatment at the time of stent migration differ according to the types of biliary stent migration i.e. the presence of biliary peritonitis and the site of migrated stent. This should be stressed in Discussion. 2. In line 7 of Case report, it is stated that ERCP failed "due to an abnormal anatomy as reported." Please clarify what is abnormal in anatomy. 3. In second ERCP, distal biliary stricture was suspected, and subsequently dilated with a balloon up to 15 mm. Was there any cause of biliary stricture in the bile duct such as chronic pancreatitis at the time of surgery? Stent migration rarely occurs in cases with a tight biliary stricture. 4. In line 10 of Discussions, "the presence of previous abdominal surgeries is an important factor for endoscopists to ascertain the location of migrated stent." The sentence is unclear and the meaning of previous abdominal surgery in this case report should be clarified.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 4679

Title: Migration of a of biliary stent causing duodenal perforation and biliary peritonitis

Reviewer code: 00504218

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-15 15:27

Date reviewed: 2013-07-18 07:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a paper showing a very rare case of complication due to biliary stent. This report should be informative to readers in the field of digestive endoscopy. My comments are shown below. Minor

- Title: There is a gramatical error.
- Introduction and Discussion: Author should state that some pancreatic diseases benefit from the plastic stent.
- Case Report: There seems to be errors in the data of CBC and Platelets. Please make sure.
- Case report: Did jaundice improve or postpone after the surgery?
- Discussion: It seems a bit redundant. Please reconstruct as follows; general information of plastic stent, incidence and type of migration, risk of migration, Tx for migrated stent, Prevention of migration. An appropriate insertion authors' own case among them is encouraged.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 4679

Title: Migration of a of biliary stent causing duodenal perforation and biliary peritonitis

Reviewer code: 00504418

Science editor: Wen, Ling-Ling

Date sent for review: 2013-07-15 15:27

Date reviewed: 2013-07-22 22:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript describes a rare case of migration of biliary stent causing duodenal perforation and bile peritonitis. The patient had a good clinical course after urgent operation. However, there are several queries as follows: 1. Could you inform the each dates of first ERCP, second ERCP, presentation of your hospital and urgent operation, respectively? 2. Could you show the location of a suspicious distal biliary stricture on cholangiogram in your Figure? It is an important finding in this case. We cannot recognize the exact location in Figure 1. 3. Did you have a plan of laparoscopic cholecystectomy after choledocholithotomy? How about the insertion of naso-biliary drainage (NBD) tube? 4. As you say, the cause of this case is the selection of biliary stent. Furthermore, balloon dilatation after sphincterotomy was performed in this case. Biliary stent is easy to migrate even in any stent. NBD is the best choice in this case. How about this? 5. Did you have MRCP after laparotomy to investigate the postoperative condition of biliary system?