

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 20941

Title: Feasibility of single-incision laparoscopic cholecystectomy for acute cholecystitis

Reviewer's code: 02444931

Reviewer's country: China

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-27 09:02

Date reviewed: 2015-07-12 10:18

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 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 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 type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

1. Abbreviations in key words should be deleted; 2. TG13 recommends performing cholecystectomy within 72 hours. Authors should show the mean time from the onset of the disease to the operation in this study; 3. Authors should introduce the SILC operation procedure and used devices; 4. It is unnecessary to compare the parameters of SILC in acute cholecystitis patients with those without acute cholecystitis, including the mean operative time, volume of estimated blood loss, Clavien-Dindo grade and duration of postoperative hospital stay.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 20941

Title: Feasibility of single-incision laparoscopic cholecystectomy for acute cholecystitis

Reviewer's code: 03035920

Reviewer's country: South Korea

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-27 09:02

Date reviewed: 2015-07-19 22:07

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 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 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 type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

You should briefly mention the method of single incision laparoscopic cholecystectomy (SILC). This is the first important point in this article. Can you get visualization of critical view of safety in all cases? How can you have it? Did you place the drain after SILC in your eight necrotizing cholecystitis patients? If you place the drain after operation, from where and how do you insert a drain in SILC? What is your policy about drain placement during SILC and conventional laparoscopic cholecystectomy in patient with acute cholecystitis including necrotizing cholecystitis? How many patients necessitate the learning curve? This is the second important point. If you want comparative study, I think that you should compare with conventional laparoscopic cholecystectomy in acute cholecystitis not with others.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 20941

Title: Feasibility of single-incision laparoscopic cholecystectomy for acute cholecystitis

Reviewer's code: 00069988

Reviewer's country: Croatia

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-27 09:02

Date reviewed: 2015-06-28 00:24

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 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 checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input 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

1. Please define the equipment used. 2. Why is postoperative stay of elective colecystectomies more than 3 days when this operations is in some subgroup of patients a day surgery. 3. The incidence of suspected common bile ducts is too high. Please explain.