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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 23631

Title: Endoscopic retrograde cholangiopancreatography (ERCP) in periampullary

diverticulum: the challenge of cannulation

Reviewer's code: 03251500 Reviewer's country: Turkey Science editor: Jing Yu

Date sent for review: 2015-12-07 12:39

Date reviewed: 2015-12-08 16:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y]No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y]No	

COMMENTS TO AUTHORS

Beginning of the article promised a good read but the text suddenly ended after shortly mentioning the therapeutic technics to be used. The mentioned therapeutic Technics in the text deserves a more detailed description in my idea, e.g. with their failure and success rates or ease and difficulty.



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Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 23631

Title: Endoscopic retrograde cholangiopancreatography (ERCP) in periampullary

diverticulum: the challenge of cannulation

Reviewer's code: 03474653 Reviewer's country: Sweden

Science editor: Jing Yu

Date sent for review: 2015-12-07 12:39 **Date reviewed:** 2015-12-14 20:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

First there is no numbers in the pages, then there is problem with how the pictures coming upp on the pages, in the version that i can see, half of the imeges are disappeared. I miss titel regarding the main body and method of the study. Abbreviation EUS is coming after the Word is used twice.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 23631

Title: Endoscopic retrograde cholangiopancreatography (ERCP) in periampullary

diverticulum: the challenge of cannulation

Reviewer's code: 03479389 Reviewer's country: Japan Science editor: Jing Yu

Date sent for review: 2015-12-07 12:39

Date reviewed: 2015-12-09 23:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[Y] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This article was described about ERCP cannulation in periampullary diverticulum (PAD). The success rates of endoscopic biliary cannulation for the patients with PAD seem to be different with the peri-diverticular papilla (PDP) or intra-diverticular papilla (IDP). Is there a difference in the biliary cannulation success rate of each technique between PAD and IDP? Which type of diverticulum is each technique for difficult cannulation useful for regardless of narrow or wide diverticular? Each explanation of the technique for difficult cannulation is the result of a few case report, and is the result enough to propose algorithm? Please describe the reason why each technique was successful or easy for the biliary cannulation in the patients with PAD.