



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 31374

**Title:** Endoscopic retrograde cholangiopancreatography in modified double tracks anastomosis with anastomotic stenosis

**Reviewer's code:** 03031317

**Reviewer's country:** Egypt

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-11-15 11:21

**Date reviewed:** 2016-11-16 02:59

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

**COMMENTS TO AUTHORS**

? overall structure of the manuscript is complete ? The manuscript is interesting enough to warrant the readers' attention ? Case characteristics: 1. Patient's history is deficient 2. Contrast study for altered anatomy prior to ERCP is not necessary in this patient? 3. "So we confirmed that it was the long limb and the stenosed anastomosis is the gastrojejunal anastomosis" What did you do for this stenosis? 4. "Introduced by the guide wire(Fig.3)." Which type of guidewire? 5. Questions need to be answered: What is the cause of these CBD stones? Size, number and type? Is it primary or secondary? Why you inserted nasobiliary tube and not stent? What about GB? If there is problem with GB, did you resolve it in the same admission? 6. "It is difficult to meet because the overall is still relatively less." Overall what? 7. "Surgical operation and LA-ERCP may impose an excessive burden on a debilitated patient , resulting in slower rehabilitation and bring more complications. So duodenoscopic treatment is a better choice." Reference is required. 8. "Last but not least, the gastrojejunal anastomosis is relatively narrow, so we decided to replace the gastroscope with the duodenoscope." Do you mean duodenoscope is easier to pass in narrow anastomosis than



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gastroscope? Why? 9. "ang intestinal anastomosis" ? In references 3,4 and 6 you wrote the first name of the author which may confuse the reader ? Nice figures and pictures



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 31374

Title: Endoscopic retrograde cholangiopancreatography in modified double tracks anastomosis with anastomotic stenosis

Reviewer's code: 00227386

Reviewer's country: United Kingdom

Science editor: Jin-Xin Kong

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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 checked="" type="checkbox"/> Grade C: Good	<input checked="" 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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting case report and eventually needs to be published, but at the moment it is difficult to follow. The problem lies in the complexity of the post- gastrectomy anastomoses. The authors have done their best to describe this but their description is hard to follow and needs rewording in conjunction with a larger clearer diagrammatic picture to replace Figure 1 which is unclear. The English in many places is not idiomatic and needs rewording. Some words such as "endoscopicoptions" (Page2, Top line) do not exist in the normal vocabulary. Also on page 2 the normals should be given for the various laboratory results. On page 3 in the Discussion the abbreviation RYGB should be given in full. Figures 2 and 3 are not at all clear and Figures 4 and 5 could be made clearer.