

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 22605

Title: Radiological interventions in malignant biliary obstruction

Reviewer's code: 03035769

Reviewer's country: France

Science editor: Xue-Mei Gong

Date sent for review: 2015-09-09 12:13

Date reviewed: 2015-09-17 22:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 checked="" 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

Very interesting paper. The manuscript is interesting and well written. The discussion is very explicative and the images clarify the manuscript. I recommend publication.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 22605

Title: Radiological interventions in malignant biliary obstruction

Reviewer's code: 03271124

Reviewer's country: Thailand

Science editor: Xue-Mei Gong

Date sent for review: 2015-09-09 12:13

Date reviewed: 2015-09-26 14:39

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	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Duplicate publication	publication
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	language polishing	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Author, this review shows all aspects of percutaneously radiological interventions for malignant biliary obstruction with especially technical issues. There are some comments, 1. In the introduction paragraph "This approach is associated with higher rates of mortality and longer duration of hospital stay (6)", It seems that the results from ref.6 show similar mortality rate. 2. A few conclusions have no reference. 2.1 Introduction paragraph "Endoscopic ultrasould helps in performing intrahepatic (hepatogastrostomy) and extrahepatic (choledochoduodenostomy, choledochojunostomy) drainage procedures with success rate above 90% but is associated with significant complications" 2.2 In the techniques part, "...and internal drainage is attempted two-four days later. This approach often helps in reducing the inflammation and edema and increases the chances of negotiating the stricture" 2.3 In the complications of PTBD and stenting paragraph, "...Acute pancreatitis is uncommon but may be severe and is seen in less than 5% patients 3. Could you state the complications after intraluminal palliative therapy? 4. Could you add summarize table about the indications, advantage, technique, complications, limitation or caution for each procedure? That would be very helpful for reader. 5. For figure 10, the explanation of picture A and B might be



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wrong. Thank you.