



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35921

Title: Infiltrative Xanthogranulomatous Cholecystitis Mimicking Aggressive Gallbladder Carcinoma: A Diagnostic and Therapeutic Dilemma

Reviewer's code: 02732765

Reviewer's country: Italy

Science editor: Ke Chen

Date sent for review: 2017-09-13

Date reviewed: 2017-09-25

Review time: 11 Days

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 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

Nice paper. Authors must discuss better the role of biopsy to avoid these mutilating procedures in the majority of patients.

RESPONSE:

We thank the Reviewer for his/her comments. In the Discussion, we had previously described the shortcomings of intraoperative frozen-section analysis to try to differentiate XGC from GBC, in cases where doubt might exist preoperatively:

1) Gallbladder carcinoma may be simultaneously present in up to a third of cases of XGC and, due to sampling error, may be missed on perioperative biopsy and only found on definitive analysis of the surgical specimen (see Kwon J Gastroenterol 2007, Ueda J Nippon Med Sch 2011, Yabanoglu Eur Rev Med Pharmacol Sci 2014, Deng World J



**Baishideng
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Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Gastroenterol 2015).

2) In order to biopsy the mucosa, the gallbladder needs to be opened. Cutting across the mucosa of a potentially cancerous gallbladder, however, runs the risk of disseminating cancerous cells.

3) Retrospective case reports and series of XGC that describe opening and biopsying the gallbladder mucosa are biased in that they only describe the cases that were ultimately benign but do not describe the cases in which an ultimately cancerous gallbladder was opened (and if doing so resulted in tumor dissemination, for example).

When preoperative studies are highly suggestive for XGC, the best option is to perform simple cholecystectomy without opening the gallbladder intraoperatively. Contiguous organ involvement may necessitate performing more extensive resection, however, even when it is known preoperatively that the underlying disease process is entirely benign. The three cases presented in our series were rather complex, due to the presence of widely infiltrative hilar masses with vascular affection and retrograde biliary dilatation and jaundice (“xanthogranulomatous cholelithiasis”), and the surgeries that were performed were necessary to remove the masses and adequately relieve biliary obstruction. This clarification has been added to the text of the manuscript.

Regarding the language of the manuscript, the second author (AJH) is a native speaker of English (originally from the United States) and has extensively reviewed the language and grammar once again to look for any previously undetected errors. However, if the Reviewer continues to note flaws in the text, we would appreciate that he/she list them specifically in order that we might rectify them.



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7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

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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 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
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Congratulations on good work and well written article.

RESPONSE:

We thank the Reviewer for his/her comments.