

ESPS PEER-REVIEW REPORT

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Title: Current status of preoperative drainage for distal biliary obstruction

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Harutoshi Sugiyama et al. have reviewed the current progress in preoperative biliary drainage (PBD) for malignant biliary obstruction. In the manuscript, the authors are mentioning that PBD would not be beneficial to the patients having distal obstruction in the view of improving the postoperative condition in cases of PBD eventually followed by surgical procedures, although it is annotated that several exceptions exist such as the cases of acute cholangitis and severe obstruction with very high bilirubin level. Overall the text seems like well written. However it has still raised the following questions. #1 It is understandable that PBD is not a beneficial procedure for asymptomatic patients who await operative biliary drainage to achieve complete cure. However, this situation might not be the cases of symptomatic patients having acute cholangitis and/or severe obstructive jaundice, or in the patients suffering from substantial obstructive jaundice in the preoperative period. In such a point of view, I am afraid that the manuscript may mislead the audience into limiting PBD even for the cases in which PBD could be necessary. It could be useful to discuss about whether PBD could be performed safely and effectively in the above symptomatic patients. #2 In the manuscript, infectious morbidity is thought to be one of the most important complications of the preoperative



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PBD. Various procedures using plastic and metallic stents have been performed, and furthermore endoscopic biliary stenting and endoscopic nasobiliary drainage (ENBD) have become also more established. The authors need to say whether the procedure, in which stents were completely immersed in bile duct without one end seen in duodenum that is called an inside stent, prevents ascending colonization though the papilla. These are minor but there are typos in the text. "obstructivejaundice" in reference 2 in "REFERENCES should be replaced by two words separated by a space. In addition, References 12 and 27, 16 and 40 are totally redundant. With addressing the above comments, the manuscript will be a more comprehensive article to all the audience, and then it will be worth being published in the World Journal of Hepatology.