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Book Name:	Achievements and Challenges of Medicine and Medical Science
Manuscript Number:	Ms_BPR_3623
Title of the Manuscript:	Choledochoplasty Using Serosal Surface of Stomach in a Case of Complete Destruction of Hepaticocholedochus Wall Following Necrotizing Pancreatitis
Type of the Article	Book chapter

PART 1: Review Comments

Compulsory REVISION comments	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.	<p>This is an interesting article and a really novel technique, although I have not seen such a case in a patient of total destruction of hepatocholedochus wall following necrotizing pancreatitis, the results are showing promising results.</p> <p>I have not seen any article about hepatocholedochus wall reconstruction using gastric serosa, only duodenum or jejunal serosa and they're mainly used for "patching" small disruptions or perforations.</p> <p>It is well known that this type of hepatocholedochus wall destruction is very rare, but if this novel technique is applied selectively to appropriate patients, a cohort study could be carried out to assess its efficacy, results and long-term prognosis.</p> <p>If it is added into a book, it would be interesting that the author includes in the book's next edition, an update about the patient's long-term prognosis.</p>	
Is the title of the article suitable? (If not please suggest an alternative title)	<p>Yes, it is suitable. I would suggest changing "Hepaticocholedochus" to "hepatocholedochus". Also, adding something like "A novel technique" would help for better indexing. Some ideas are written below:</p> <p>"A novel technique: Choledochoplasty Using Serosal Surface of Stomach in a Case of Complete Destruction of Hepatocholedochus Wall Following Necrotizing Pancreatitis"</p> <p>"Novel Reconstruction of Hepatocholedochus Using Gastric Serosal Patch in Severe Biliary Injury Post-Necrotizing Pancreatitis"</p> <p>"Novel Use of Gastric Serosal Surface for Choledochoplasty in Extensive Bile Duct Destruction Post-Necrotizing Pancreatitis"</p> <p>"Reconstruction of the Common Bile Duct Using Gastric Serosa: A Novel Approach for Extensive Hepatocholedochus Wall Destruction Post-Necrotizing Pancreatitis"</p>	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	<p>Yes, it is comprehensive.</p> <p>I would suggest adding in the abstract why a biliodigestive diversion was not suitable in this case and why this technique was performed. As this technique is relatively new, I think it should be explained on why this was done instead of a "traditional" Roux-en-Y hepaticojejunostomy. Was the patient hemodynamically unstable? Did the patient have malnutrition?</p>	
Are subsections and structure of the manuscript appropriate?	Yes, they are appropriate.	
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4	<p>This manuscript demonstrates scientific robustness and technical soundness due to its innovative approach to a complex surgical challenge, as this type of complications is very uncommon.</p> <p>It is partially supported by a thorough review of existing literature (most of the literature is</p>	

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<p>sentences may be required for this part.</p>	<p>about use of duodenal and jejunal serosa patches), and detailed documentation of the case.</p> <p>The methodology is described step-by-step, with justification for the use of gastric serosal tissue in reconstructing the biliary conduit according to existing literature in other cases of perforation, highlighting its feasibility and clinical applicability.</p> <p>The postoperative outcomes are carefully reported, including imaging studies and clinical recovery, which validate the success of the intervention. Although I would suggest explicitly mentioning the postoperative follow-up times.</p> <p>By situating the novel technique within the context of prior experimental and clinical studies, the manuscript establishes a strong scientific basis for its approach, making it a valuable contribution to the field of hepatobiliary surgery.</p>	
<p>Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.</p>	<p>Yes, they are sufficient and recent (for what it is, as there is not a lot of articles regarding this topic, as it is an exceedingly rare case complication of a necrotizing pancreatitis).</p>	
<p>Minor REVISION comments</p> <p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>Yes, it is. And there is very little to no grammatical mistakes.</p>	
<p>Optional/General comments.</p>	<p>(unsuitability for conventional repair).</p> <p>This is a novel technique and, if performed multiple times with a correct follow-up and then compared to “standard” biliodigestive diversion techniques, we can then affirm this is a safe technique that can be taught and performed, and it may even become another standard technique for this type of cases.</p> <p>Is MRCP or ERCP available in the author’s hospital? If so, I think MRCP should have been done post op, as it is a good imaging technique and it’s better than CT scan for the study of the anatomy and characterization of the biliary tract. We all know ERCP shall only be used as a therapeutic tool, but in case MRCP would not be available, I’d suggest using ERCP to show post operative biliary tree’s changes to complement even more the patient’s follow-up and discard possible complications.</p> <p>It could be accepted as it is. But I strongly suggest on explaining why this novel technique was performed(unsuitability for conventional repair) instead of a “traditional” Roux-en-Y hepaticojejunostomy.</p>	

PART 2:

	<p>Reviewer’s comment</p>	<p>Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</p>
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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