



**SDI Review Form 1.6**

Journal Name:	<a href="#">International Journal of Medical and Pharmaceutical Case Reports</a>
Manuscript Number:	Ms_IJMPCR_52625
Title of the Manuscript:	IATROGENIC RIGHT HEPATIC DUCT, RIGHT POSTERIOR HEPATIC DUCT, RIGHT HEPATIC ARTERY AND DUODENUM INJURY DURING ROUTINE LAPAROSCOPIC CHOLECYSTECTOMY DUE TO SYMPTOMATIC GALLSTONES: RARE BUT SERIOUS COMPLICATION - CASE REPORT AND LITERATURE REVIEW
Type of the Article	Case study

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Compulsory</b> REVISION comments		
<b>Minor</b> REVISION comments	<p>Line 32. <b>Bu t</b>            Line 33-36 – consider rephrasing.            Line 42 omit the word “big”            Line 43 – avoid using the word “of the gallbladder” twice in the same sentence            Line 46 – dense adhesions            Line 46 – I doubt that there were adhesions between the stomach and the gallbladder. It is not only uncommon, it is almost impossible. Maybe the authors mean proximal duodenum.            Line 53 – it would be more helpful for other surgeons if you give more details regarding the amount and the color of drained discharge. How do you comprehend blood and bile together? It means the fluid was thick or serous, was it red / brown or green?            Line 55 - If you can give more precise information of “later”. You mean hours / days?            Line 59 – substitute the word “inside” with “within normal range”            Line 59 – correct the units of WBC            Line 62 – consider rephrase – maybe you mean “duodenal bulb”            Line 66 – same with line 62            Line 70 – use proximal duodenum or superior part of duodenum instead            Line 72 – <b>to o</b>            Line 82 – omit “the”            Line 85 – consider rephrasing (during follow-up, several ultrasound examinations...)            Line 86 - restore            Line 87 – needs rephrasing            Line 125 – omit “the”</p> <p>In literature, the percentage of LC complications is directly related to surgeon’s experience, which is expressed in number of operations per year</p> <ul style="list-style-type: none"> <li>• Moore MJ, Bennett CL. The learning curve for laparoscopic cholecystectomy. The Southern Surgeons Club. Am J Surg 1995; 170:55).</li> <li>• Hobbs MS, Mai Q, Knuiman MW, et al. Surgeon experience and trends in intraoperative complications in laparoscopic cholecystectomy. Br J Surg 2006; 93:844.</li> </ul> <p>It would be proper to note the surgeon’s experience in the specific case.</p> <p>Also in most Surgery Textbooks, the main reason for complications is the degree of inflammation, the adhesions and the anatomic variations which inflict as many as 50% of cases.</p> <ul style="list-style-type: none"> <li>• Schwartz’s Principles of Surgery. Copyright. 10th edition. © 2015 by McGraw-Hill Education. page 1312.</li> </ul> <p>Is there some degree of anatomic variation in this instance, which prohibited proper dissection and ligation?</p> <p>Such serious LC complications are rarely noted in literature. It is interesting though, that some of the worse cases referred, had profound anatomic variations, such as absence of the cystic-duct, misleading the surgeon into dissecting common bile duct instead of cystic.</p> <ul style="list-style-type: none"> <li>• Walton, A. J.: Reconstruction of Common Bile Duct, Brit J Surg 9:169, 1921.</li> <li>• Sachin Patil, Sudhir Jain, Ramachandra C. M. Kaza, Ronald S. Chamberlain.</li> </ul>	



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	<p>Congenital Absence of the Cystic Duct: A Rare but Significant Anomaly. Surgical Science, 2013, 4, 241-246. <a href="http://dx.doi.org/10.4236/ss.2013.44046">http://dx.doi.org/10.4236/ss.2013.44046</a></p> <ul style="list-style-type: none"> <li>J. Yu, M. A. Turner, A. S. Fulcher and R. A. Halvorsen, "Congenital Anomalies and Normal Variants of the Pancreaticobiliary Tract and the Pancreas in Adults: Part 1, Biliary Tract," American Journal of Roentgenology, Vol. 187, No. 6, 2006, pp. 1536-1543.</li> </ul> <p>Is there any evidence that this particular case was anatomically correct? The histologic report could also be helpful in this instance.</p> <p>Although it is not mentioned, the presented case seems to be a type E biliary injury, which is the heaviest.</p> <ul style="list-style-type: none"> <li>Strasberg SM, Hertl M, Soper NJ. An analysis of the problem of biliary injury during laparoscopic cholecystectomy. J Am Coll Surg 1995; 180:101.</li> </ul> <p>It is well said in the conclusion that such cases demand treatment by experienced biliary surgeon in proper tertiary centres. This is the conclusion of other surgical references too.</p> <ul style="list-style-type: none"> <li>Schwartz's Principles of Surgery Copyright. 10th edition. © 2015 by McGraw-Hill Education. P. 1332.</li> <li>UpToDate 2019. Laparoscopic cholecystectomy: Techniques.</li> </ul>	
<p><b>Optional/General</b> comments</p>	<p>The authors describe a case of serious intra- and post-operative complications during a routine laparoscopic cholecystectomy.</p> <p>In my opinion every manuscript of this kind is applicable for publication. It is important that most surgeons "avoid" publishing their complications or "mistakes", but is equally important in the medicolegal arena, when defending surgeons in litigations for malpractice.</p> <p>I would also recommend the authors to include imaging of photo material from surgery if available.</p> <p>The DISCUSSION paragraph is consisted and the CONCLUSIONS short and clear.</p>	

**PART 2:**

	<u>Reviewer's comment</u>	<u>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)</u>
<p><b>Are there ethical issues in this manuscript?</b></p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i> It is not mentioned if the authors have obtained patient's or ethics committee approval.</p>	

**Reviewer Details:**

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