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REVIEWER'S REPORT

Manuscript No.: IJAR -52115 Date: 06/06/2025

Title: MANAGEMENT OF POST SURGICAL BILIARY STRICTURES IN A TERTIARY LEVEL TEACHING HOSPITAL OF GUJARAT, A 09 YEARS EXPERIENCE OF A SINGLE 3 GASTROSURGICAL TEAM

Recommendation:

Accept as it is .....Yes.....

Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality	•			
Techn. Quality	•			
Clarity	•			
Significance	•			

Reviewer Name: Dr. Sireesha Kuruganti **Date:** 06/06/2025

Reviewer's Comment for Publication.

(*To be published with the manuscript in the journal*)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

This is a valuable study that contributes to the understanding of the management of post-surgical biliary strictures in a specific setting. The methodology is sound, and the results are generally well-presented.

Detailed Reviewer's Report

An in-depth review of the manuscript "MANAGEMENT OF POST SURGICAL BILIARY STRICTURES IN A TERTIARY LEVEL TEACHING HOSPITAL OF GUJARAT, A 09 YEARS EXPERIENCE OF A SINGLE GASTROSURGICAL TEAM" is provided below. This review offers a detailed analysis of the study's structure, content, and findings, with specific line number references for clarity.

Abstract

* Line 1-4: The abstract provides a concise summary of the study. However, it would be beneficial to include the key quantitative results in the abstract to give the reader a more complete picture of the findings. For instance, the main outcomes of the Roux-en-Y hepaticojejunostomy (R-en-Y HJ) could be mentioned.

* Line 9: The statement "out of 60 patients 2 were case of redo HJ" is important and should be highlighted. It may be useful to briefly state the reason for the redo procedures.

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* Line 13-14: The correlation of certain factors with favorable outcomes is a significant finding and is well-placed in the abstract.

Introduction

* Line 1-3 & 43-46: The introduction effectively sets the context by highlighting the significance of bile duct injury (BDI) as a complication of cholecystectomy.
* Line 2-3 & 47-48: The manuscript correctly states that the incidence of BDI has seen a marginal increase with the advent of laparoscopic cholecystectomy compared to open procedures.
* Line 4-6: The text clearly explains that improperly managed BDI can lead to severe complications like biliary stricture, cholangitis, and liver cirrhosis.
* Line 49-51: The introduction aptly describes that the management of iatrogenic bile duct strictures is multifactorial, depending on the timing of detection, injury type, patient factors, and surgeon expertise.
* Line 7-8 & 52: The manuscript correctly identifies open Roux-en-Y hepaticojejunostomy (RYHJ) as the gold standard treatment for BDI, offering excellent long-term outcomes when performed with precision.

Methodology

* Line 15-18 & 60-61: The study design is clearly stated as a descriptive observational study with both retrospective and prospective data collection from a single gastrosurgery unit. The sample size of 60 patients over a 9-year period is noted.
* Line 17 & 62-65: The inclusion and exclusion criteria are well-defined. The study includes patients who underwent R-en-Y HJ for definitive treatment of biliary injuries, while excluding those with strictures from other causes or those treated non-surgically.
* Line 26-28: The variables assessed are comprehensive, covering patient demographics, clinical and laboratory parameters, surgical details, and postoperative outcomes.
* Line 29-30: The involvement of a multidisciplinary team is a strength of the patient management approach.
* Line 31-32: The standardization of the surgical procedure to a tension-free mucosa-to-mucosa Roux-en-Y hepaticojejunostomy is a key aspect of the methodology.
* Line 35-37: The use of a stent across the anastomosis in all patients and its subsequent removal protocol is clearly described.

Results

* Line 8: The mean age of the patients was 37.3 ± 14 years, with a female predominance (34 females to 26 males).
* Line 9-11: The distribution of injury types according to the Bismuth-Strassberg classification is clearly presented, with E2 (47%) and E3 (32%) being the most common.
* Line 11-12: The diagnostic imaging modalities used are specified, with USG and MRCP performed on all patients and CT scans on 83% of cases.
* Line 12: The finding of atrophy-hypertrophy complex in 6.7% of patients is an important detail.
* Line 12-13: A notable finding is the significantly longer duration between injury and repair in patients with Atrophy Hypertrophy Complex (AHC) (239 days) compared to those without (119 days).
* Line 13: The identification of concurrent vascular injuries in 11.6% of patients is a critical piece of data.
* Line 142-143 & 145: The postoperative significant decrease in total bilirubin (from 6.1 gm% to 0.98 gm%) and ALP (from 356 to 79.7) at 3 months demonstrates the effectiveness of the surgical intervention.
* Table "Long term complications > 30 days": This table provides clear data on the incidence of late complications, with incisional hernia being the most frequent at 5%.
* Table 4: The classification of complications using the Clavien-Dindo system is good practice, but the table itself appears incomplete and formatted in a confusing manner in the source document. For

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example, under "Grade 3," multiple complications are listed without corresponding patient numbers. "PEER REVIEW IN" and "IJAR" seem to be artifacts and not part of the data.

* Table 5: The heading for this table is present, but the table content is not fully provided in the excerpt, which limits a full review of the factors affecting outcomes.

Conclusion

* Line 14-16: The conclusion effectively summarizes the key factors for achieving optimal outcomes in the management of post-surgical biliary strictures. These include optimizing nutrition, resolving cholangitis, ensuring proper timing of repair, and performing a tension-free R-en-Y HJ at an experienced center.

Overall Recommendation

This is a valuable study that contributes to the understanding of the management of post-surgical biliary strictures in a specific setting. The methodology is sound, and the results are generally well-presented.

Suggestions for Improvement:

* Abstract: Include key quantitative results to provide a more comprehensive summary.
* Table 4: The Clavien-Dindo complication table needs to be correctly formatted and populated with complete data for clarity and accurate interpretation.
* Table 5: The full data for Table 5 on factors affecting outcomes should be presented and discussed.
* Discussion: The manuscript provided does not include a "Discussion" section, which would be crucial for interpreting the results in the context of existing literature, discussing the study's limitations, and suggesting future research directions. Adding a discussion section would significantly strengthen the paper.

The study provides a solid foundation of evidence from a single surgical team's extensive experience. Addressing the points above will enhance the clarity, completeness, and impact of the manuscript.