

REVIEWER'S REPORT

Manuscript No.: IJAR-55982

Title: Sump Syndrome: A Rare but Persistent Complication of Choledochoduodenostomy

Recommendation:

Accept as it is

Accept after minor revision.....Y.....

Accept after major revision

Do not accept (*Reasons below*)

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

Reviewer Name: Mr. Shashi Prakash

Detailed Reviewer's Report

This manuscript provides a thoroughly documented and clinically significant case of sump syndrome, which is a rare yet crucial late complication associated with choledochoduodenostomy. The report is enhanced by precise imaging correlations (CT, MRCP, ERCP) and a coherent discussion based on contemporary literature. It acts as a valuable reminder for healthcare professionals treating patients who have undergone legacy biliary surgeries prior to the ERCP era.

The title is precise, specific, and accurately reflects the manuscript's content. It distinctly identifies sump syndrome as a rare but ongoing complication and appropriately associates it with choledochoduodenostomy.

Abstract

Include a structured abstract (Background, Case Presentation, Management, Conclusion) that summarizes the rarity, diagnostic challenges, imaging findings, and effective endoscopic management of sump syndrome.

The introduction is succinct, informative, and well-cited, offering suitable historical context regarding the pre-ERCP era and the pathophysiology of sump syndrome. It is recommended to add a sentence that explicitly states the novelty or educational significance of the current case (for instance, diagnostic delays, imaging correlations, or patient comorbidities) to further justify its publication.

Case Presentation

The case presentation is comprehensive, chronological, and clinically coherent, with relevant comorbidities, surgical history, clinical findings, laboratory results, and imaging clearly articulated. The report maintains patient confidentiality and does not include any identifiable information. Clearly indicate that informed consent for publication was obtained or waived in accordance with institutional policy to ensure complete ethical transparency.

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Imaging and Figures

The findings from CT, MRCP, and ERCP are seamlessly integrated into the narrative, providing robust support for the diagnosis. The figures presented are pertinent and significantly enhance the comprehension of the postoperative anatomy and pathology.

Diagnostic and Therapeutic Intervention

The findings from ERCP and the therapeutic strategy employed are thoroughly articulated and align with the current best practices. The interpretation of fluoroscopy is precise and offers valuable clinical insights. It is advisable to briefly mention if any alternative management options were anticipated such as surgical revision to provide additional context for the selection of endoscopic treatment.

Discussion

The discussion is well-balanced, grounded in evidence, and thoroughly referenced, effectively situating the case within the existing body of literature. Notable strengths include the emphasis on delayed presentation, normal bilirubin levels, and the diagnostic significance of MRCP. A brief paragraph on differential diagnosis (for instance, recurrent choledocholithiasis or biliary stricture) should be included to further enhance the educational value.

Conclusion

The conclusion is concise, accurate, and aligns with the data provided. It effectively underscores the importance of clinical awareness and minimally invasive management while avoiding any overstatement of generalizability.