**Reviewer's report**

**Title:** Refractory Obstructive Jaundice in a Child Affected by Thalassodrepanocytosis: A New Endoscopic Approach

**Version:** 1 **Date:** 3 July 2010

**Reviewer:** HIDEYUKI YOSHITOMI

**Reviewer's report:**

BMC Gastroenterology
Case report

Refractory obstructive jaundice in a child affected by thalassodrepanocytosis: A new endoscopic approach

This manuscript describes a rare case of severe and persistent obstructive jaundice in a child with thalassodrepanocytosis and Gilbert's syndrome. The authors successfully treated the patients with deep biliary washing and stenting using new covered stent.

This manuscript showed an interesting case and might be useful information for readers who will treat resemble cases. However I think there are several points which authors should respond for publication in BMC gastroenterology.

**Major compulsory revisions**

1) The authors should describe the long time prognosis of the patient. They only describe that the patient was extracted the biliary stent 2 months later (page3 line5). How was the prognosis after removal of the stent? Did the patient never repeat the sever icterus and/or choledocholithiasis observed after that? As ERCP showed that slightly bending of common bile duct on Bi and stenosis on Bs (figure4), I wonder if the stent should be placed at least few more months. Also they should discuss the timing of the biliary stent removal of the patients who have dense bile juice in the discussion. In addition, it is better to describe the advantage of this PTFE covered metallic stent against normal plastic stent. It might not be needed to use the PTFE covered stent if the stent is placed only for 2 months.

2) The authors should describe the details of the first operation (cholecystectomy) (page2 line 9-10). How was the inflammation status around the gallbladder? Was the severe icterus observed before the first operation? As seen in figure 1, there are several surgical clips just beside the bile duct and the joint point of cystic duct to CBD seems to have stenosis and bending. I want to confirm the stenosis of the CBD is related to the disease itself, not to the operation.

**Minor essential revisions**
1) Please indicate the location of angle (page2 line 22) in Figure 1.
2) In Figure 2, please put the picture without the endoscope so that the stent can be seen more clearly
3) The resolution of Figure 3 is not enough. Does this picture show the duodenal view?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.