Reviewer's report

Title: Yield of Endoscopic ultrasound in patients with moderate and high likelihood of suspected choledocholithiasis: a retrospective study from a single university based-endoscopic center

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Reviewer: Vani Konda

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Yield of Endoscopic ultrasound in patients with moderate and high likelihood of suspected choledocholithiasis: a retrospective study from a single university based-endoscopic center.

Prachuyakul et al provide their retrospective experience on the utility of endoscopic ultrasound in the diagnosis of choledocholithiasis for moderate and high likelihood cases. The study does raise the important notion worthy of consideration to perform EUS in high likelihood cases in addition to the recommended moderate likelihood cases. However, there are some additional points of consideration for this manuscript in regards to reporting on the diagnostic parameters of EUS in this retrospective fashion.

Major Compulsory Revisions

1. Could we get more information on the baseline population? Is the population of patients who underwent EUS generalizable to all of the patients presenting with suspicion of choledocholithiasis in their institution? There were 93 patients who underwent EUS and had suspicion of a stone, but does this make up most or a few of all the patients with suspicion for a stone? Do we know if most of the high likelihood patients went straight to ERCP and bypassed the EUS at this institution? Was the ratio of intermediate vs. high similar to those who underwent EUS and those that did not?

2. The study utilizes ERCP as the gold standard for the diagnosis of CBD stones. However, not all patients had the gold standard test. They provide some follow up data but more needs to be in place to have the follow up data be a robust enough reference standard for those patients who had not undergone ERCP. How many patients were followed up or lost? What was the range and median time of follow up. Was there any follow up imaging performed? Were lab values available on all these patients. Are all patients who may subsequently passed a stone but not presented to the hospital captured? Since this in essence is the reference standard that the authors need to rely on to determine if there is a false negative, more convincing detail needs to be provided.

3. For the sensitivity, specificity, PPV, and NPV, could the authors please add the raw numbers of the numerator and denominator in parenthesis? If adequate reference standard is not achieved on those patients who have not undergone
ERCP, then there should be caution in reporting the diagnostic parameters.

4. There is no statistics section.

Minor Essential Revisions

5. I found the time comparisons with the 7 day cut of difficult to follow in the current table. It may deserve its own table with the data more clearly presented.

6. I found the reference for the poster presented at DDW 2011 difficulty to identify. Was this from the author’s institution? If so, could more detail be provided?

7. Limitations of the retrospective nature of the study and lack of gold standard present on all patients needs to be addressed.

Discretionary Revisions

8. Some of the background and discussion are redundant. Could the authors save the comments of other studies for the discussion?

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.