Reviewer's report

Title: Bilio-Entero-Gastrostomy: prospective assessment of a modified biliary reconstruction with facilitated future endoscopic access.

Version: 2 Date: 16 March 2012

Reviewer: geert roeyen

Reviewer's report:

Major Compulsory Revision
- There are too many tables and figures: table 1 and 6 can be summarized in the text. Figures 3a, 4a and 5a are necessary to understand the article, all the rest can be omitted.
- The results of the article should be compared to the results of single balloon therapy which is in many centre nowadays the way to treat HJ strictures. Which is the success rate, the complications rate of this procedure due to the literature. How long does a single balloon procedure take.
- How much pronounced was the dilatation of the bile ducts above the stricture in this patient selection ? In preop well dilated bile ducts, a HJ rarely gives a recurrent stenosis.
- About the relevance of this article. How frequent is a recurrent stenosis after HJ in this type of pathology ? In our experience this is relatively rare. If I understood the article well, the authors want to promote the BEG as a way to treat recurrent stenoses after HJ ? So why do a BEG when you think your HJ after CBD lesion will be a sufficient therapy with a low risk of recurrence ? The authors themself report a patent HJ rate of 93.75 %. So in 93.75% of the patients the gastric access loop was constructed unnecessary.
- For this one patient with a restenosis, I would prefer a single balloon procedure

Minor essential revisions
There are still some spelling mistakes in the text: e.g jejonostomy, (in table 1) Intervention with capital. Check spelling again.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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'