

## Format for ANSWERING REVIEWERS

September 3, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 21183-Review.doc).

**Title:** Intra-abdominal pressure - Time ripe to revise management guidelines of acute pancreatitis?

**Author:** Jiten Jaipuria, Vimal Bhandari, Avneet Singh Chawla, Mohit Singh

**Name of Journal:** *World Journal of Gastrointestinal Pathophysiology*

**ESPS Manuscript NO:** 21183

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

### Reviewer 1

In this manuscript Jaipuria et al evaluate the epidemiology comprising intra abdominal hypertension (IAH) and severe acute pancreatitis (SAP). Various mechanisms involved in the development of SAP are considered. The authors perform an extensive review on the current literature which they provide as evidence for their conclusion. This is an attractive and relevant paper. **Minor Comments:** - The manuscript has to be revised to ensure it is the final version and not a draft as at several instances it seems the authors were not sure which word to use and provided two possibilities. A few of these examples found in the manuscript are: course/outcomes; abdomen/gut; complications/severity; renal arteries/kidneys; studies/arguments; surveillance/intervention, etc. - The grammar has to be revised.

Reply - We thank the reviewer for appreciative comments. We had not submitted a draft version. Two equally valid lines of thought were present in many arguments and thus slash found its place in many instances. None the less, scientific arguments should be more precise and thus we have rephrased many sentences to better effect. Many places still use 'IAH/ACS' as IAH and ACS are continuum of a spectrum and should not be castigated to rigid boundaries.

## Reviewer 2

Intra abdominal hypertension (IAH) / abdominal compartment syndrome (ACS) is reported to be associated with a higher APACHE II score and multi-organ syndrome (MODS) in severe acute pancreatitis (SAP) and the causal relationship between IAH/ACS and MODS remains to be established. This paper reviewed the epidemiology, pathophysiology of IAH/ACS in SAP and it is much helpful both for the surgeons and the clinicians in the management of SAP. Further studies are needed to observe the role that the IAH/ACS plays in the pathogenesis, the severity and the prognosis in a large population of the patients with SAP.

Reply - We thank the reviewer for appreciating our humble effort. We hope the revised version pleases even more.

## Reviewer 3

The review is well written, well argued, and evidently the authors have dominion over the field and are knowledgeable of the existing literature. I have some comments on the manuscript. At times the manuscript appears to be opinionated and more suitable for an editorial than a scholarly review.

Reply - We thank the reviewer for appreciating our line of argument. We agree that each author has his/her own unique style; but even if the argument is correct, scientific writing should be more uniform in tone, and should be thought provoking rather than imposing. We have toned down the manuscript while retaining the academic value and brought subtle points in more focus.

The authors claim a meta-analysis is impossible while one such attempt (although somewhat flawed) already exists in the literature (van Brunschot et al, 2014). The authors manage to discuss at some length the relevance of the topic being reviewed. However, one major disadvantage is that the review is not timely. There are at least 3 review papers on the same topic in the last year (Including references 53 and 46), and other very recent ones not mentioned in the text (Bratisl Lek Listy. 2013;114(3):166-71, for example). The conclusions are therefore similar to these recent reviews, diminishing the present papers originality. Other than these pressing issues, I believe the paper is interesting and valuable, especially in an open-access context.

Reply - We appreciate the command of reviewer on recent literature in this important field. When we reviewed the literature our main focus was on including all papers which add uniquely to available

evidence or illuminate a new dimension. Thus all original articles were included and reviews/meta-analyses were added if they meaningfully synthesized evidence aiding novel understanding; even if contradictory. Both included reviews (Trikudanathan G et al, *Pancreatology* 2014;**14**: 238-243, and **van Brunschot S**, et al *Pancreas* 2014;**43**: 665-674) satisfied above criteria. van Brunschot S et al had done a meta-analyses providing new information on epidemiology of ACS while Trikudanathan G et al had debated whether IAH/ACS in acute pancreatitis was merely an epiphenomenon (a discussion with relatively standard line of argument which we frequently hear in academic circles). We did not include reference to review article by Mifkovic A, et al (*Bratisl Lek Listy* 2013;**114**: 166-71) as it was relatively older (initially submitted in Jan 2011) and conclusions were either inferior or similar to what we found after summarising all available original evidence, thus potentially contributing to redundancy.

As regards to timing of our article; ours was an invited review and we would have gladly written similar manuscript if we were invited last year! So we humbly refute it as a shortcoming. Interestingly, the fact that there are only two review articles in last one year points to the need for more visibility to the important concepts of intra abdominal pressure in acute pancreatitis We still believe our lines of argument are original in terms of clarity and emphasis, and subtly different from two other reviews that we mentioned. We have tailored the review to a format which is similar in structure to clinical guidelines on acute pancreatitis and highlights the missing pieces in puzzle. We believe more and more articles in future are going to recommend inclusion of intra abdominal pressure surveillance in clinical practice guidelines of acute pancreatitis.

Yet we agree that a semi-structured review such as ours should widely refer available literature, and final decision on which references to further pursue should be left to the reader. In the revised manuscript we have included more references including work by Mifkovic A et al as suggested.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Pathophysiology*  
Sincerely yours,

Jiten Jaipuria,