

PEER-REVIEW REPORT

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Title: Novel and supplementary management of pancreatic fluid collections: Endoscopic ultrasound-guided drainage

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Overall article seems well written apart from minor suggestions. We suggest the following 1. Each therapeutic intervention allotted to each group needs to be clarified further on the basis of A. ASA grading B. CT findings(needs to be correlated with CT severity index) C. Early or delayed collection D. Infectious or Non-infectious collection. Above parameters effects postoperative status of patient. 2. It seems to be unclear that why acute fluid collection(AFC) needs drainage as we know that AFC can be managed conservatively. 3. The rate of secondary interventions in either group needs to be highlighted in terms of number of interventions and type of interventions and whether they had any effect on aims and objectives of study. 4. In this study, endoscopic approach performed in the patients with PFC in the distal pancreas mainly and PFC around head of pancreas relied more on surgical treatment but basis for this division has not mentioned. 5. In this study, acute PFC were the leading type while ANC, pseudocyst and WON followed in the endoscopic group. In contrast,



BAISHIDENG PUBLISHING GROUP INC

7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

pseudocyst and WON were the majority in the surgical group. So may be chance of bias while comparing parameters between two groups.