

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66786

Title: Successful outcome of retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts: a case report

Reviewer's code: 05426634

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-06 01:44

Reviewer performed review: 2021-04-06 04:37

Review time: 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript describes a retrograde pancreatojejunostomy surgery to treat chronic pancreatitis. However, traditional Beger's surgical procedure was to remove the inflammatory mass in the pancreatic head, thereby achieving sufficient bile and pancreatic drainage and decompression of the duodenum and the neighboring vasculature, as well as removal of the inflammatory substrate causing pain. At the same time the duodenum was preserved to allow physiologic food passage and hormonal secretion. Could this palliative surgery without treating the pancreatic head really be symptomatic relief? Long-term follow-up should be provided such as 1month,3M and 6M.How could the authors confirm the diagnosis of infected cysts? What kind of bacteria was it infected with? There are some misspellings and phrases that need to be corrected.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66786

Title: Successful outcome of retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts: a case report

Reviewer's code: 03210360

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-06 01:37

Reviewer performed review: 2021-04-08 02:50

Review time: 2 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes. 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes. 3 Key words. Do the key words reflect the focus of the manuscript? Yes. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Yes. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Yes. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? Yes. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? No section of biostatistics. 10 Units. Does the manuscript meet the requirements of use of SI units? Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Yes. 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1)



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CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes. In this case report, retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts might be a valid option for surgeons faced with similar cases. Some comments are listed below: 1. In page 10, Line 8 and 12, is pancreaticojejunostomy correct? Is it consistent with pancreatojejunostomy? 2. In page 7, section of Laboratory examinations, it's better to express laboratory findings in the form of a table. 3. In page 10, Line 16, please explain why the splenectomy was done.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66786

Title: Successful outcome of retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts: a case report

Reviewer's code: 03725766

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-06 03:52

Reviewer performed review: 2021-04-09 16:20

Review time: 3 Days and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

It is general knowledge that in chronic pancreatitis patients the symptom of pain mostly caused by high pressure of the pancreatic duct. And longitudinal pancreaticojejunostomy was more popular that not only relieve pain but also remove stone. Authors should describe or discuss the reason why pancreaticojejunostomy is not selected in present case.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66786

Title: Successful outcome of retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts: a case report

Reviewer's code: 03210360

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-04-15 02:44

Reviewer performed review: 2021-04-15 03:07

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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SPECIFIC COMMENTS TO AUTHORS



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The authors addressed my concerns, and the manuscript has been improved after revision. In page 6, section of History of present illness, “a” should be deleted.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66786

Title: Successful outcome of retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts: a case report

Reviewer's code: 03725766

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

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Reviewer performed review: 2021-04-15 15:41

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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This manuscript presents an interest case of chronic pancreatitis and infected pancreatic cysts. The authors concluded that a distal pancreatectomy, retrograde pancreatojejunostomy, and Roux-en-Y anastomosis could be an effective surgical procedures for intractable chronic pancreatitis. There are several concerns about this manuscript. Novelty is lacking. The author mentioned they had few experience in managing chronic pancreatitis. That the procedure of a guidewire placed at the end of the pancreatic duct to the duodenum, removed the stones and stent implanted was more simple and more biological.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Author's Country/Territory: Japan

Manuscript submission date: 2021-04-06

Reviewer chosen by: Man Liu

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Reviewer performed review: 2021-04-17 06:02

Review time: 2 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Could this palliative surgery without treating the pancreatic head really be symptomatic relief? Long-term follow-up should be provided such as 1month,3M and 6M. The authors do not answer my concerns. Data of follow-up are not provided. In laboratory examinations, *Klebsiella pneumoniae* and *Streptococcus faecalis* were detected from the discharge. However, this description is not added in the manuscript. Without bacteriological data infectious cysts should be described as inflammatory cysts.