

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74170

Title: Indications for the surgical management of pancreatic trauma: an update

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02573214

Position: Editorial Board

Academic degree: MD

Professional title: Chief Doctor, Full Professor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Greece

Manuscript submission date: 2022-01-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-03 10:34

Reviewer performed review: 2022-01-06 19:23

Review time: 3 Days and 8 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 Grade E: Do not publish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 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript is a good description of the state of art about the indications for surgical management of pancreatic trauma.

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Manuscript NO: 74170

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Peer-review model: Single blind

Reviewer's code: 06176936

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Deputy Director, Professor, Surgeon

Reviewer's Country/Territory: Russia

Author's Country/Territory: Greece

Manuscript submission date: 2022-01-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-08 19:43

Reviewer performed review: 2022-01-09 09:25

Review time: 13 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 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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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors. This is a good manuscript that meets the requirements for mini-review articles.

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Manuscript NO: 74170

Title: Indications for the surgical management of pancreatic trauma: an update

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06116901

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Chief Doctor, Lecturer, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Japan

Author's Country/Territory: Greece

Manuscript submission date: 2022-01-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-05 11:10

Reviewer performed review: 2022-01-22 01:58

Review time: 16 Days and 14 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

SPECIFIC COMMENTS TO AUTHORS

The authors reviewed recent publications related to pancreatic trauma (PT) and gave focus on modern nonoperative managements (NOM). The conclusions were reasonable, however, the lack of the basic point of view about pancreatic trauma obscured the rationale of the conclusions unclear. The authors need to clarify following points below and rewrite the structure of the manuscript, otherwise it is not justified to publish in this journal.

1. As authors described in their introduction, the location of the pancreas is important to individualize the management of PT. The pancreas lies above the superior mesenteric artery and vein, those are running in front of the aorta and vertebral cord. Therefore, the severe PT would be combined with the major vascular injuries at 28 % of the incidence (1), which could require urgent laparotomy. In this case, PT should be treated by surgeons, if PT was recognized, those should be severe.
2. On the other hand, the progress of the recent imaging modality has provoked the argument for potential of NOM on patients with PT. More detailed imaging modality finds more overlookable PT, thus, the mortality of PT has been decreased (2). At the same time, NOM becomes the majority of treatments for patients with PT. Moreover, endoscopic retrograde cholangiopancreatography (ERCP) which is able to diagnose PT and place the stent inside the main pancreatic duct is leading to avoid surgical intervention (3).
3. In addition to this, patients with pancreatitis caused by PT in the subacute phase should be mainly managed by NOM.

Reference 1. Biffl WL. Duodenum and pancreas. In Moore EE, Feliciano DV, Mattox KL, eds. Trauma. 8th ed. Mc-Graw-Hill, New York, 2017, pp 621-638. 2. Velmahos GC, Tabbara M, Gross R, et al. Blunt pancreatoduodenal injury: A multicenter study of the Research Consortium of New England Centers for Trauma



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(ReCONNECT). Arch Surg 2009;144:413-419. 3. Lin BC, Liu NJ, Fang JF, et al. Long-term results of endoscopic stent in the management of blunt major pancreatic duct injury. Surg Endosc 2006;20:1551-1555.