



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Pharmacology and Therapeutics*

Manuscript NO: 74719

Title: Primary hyperparathyroidism presenting as acute pancreatitis: An institutional experience with review of the literature

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05715652

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Romania

Author's Country/Territory: India

Manuscript submission date: 2022-01-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-03 21:11

Reviewer performed review: 2022-01-11 22:14

Review time: 8 Days and 1 Hour

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 Grade E: Do not publish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 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



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Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

In the manuscript "Primary hyperparathyroidism presenting as acute pancreatitis: An institutional experience with review of the literature ", Rashmi and colleagues performed a retrospective study in order to determine the clinical, biochemical, and radiological profile of primary hyperparathyroidism patients presenting as acute pancreatitis . The paper has certainly a clinical significance. However, some minor criticisms are present, as follows: - the paragraph with the description of the physiopathology in the discussion sections should be in the introduction. - the alcohol consumption lack of gallbladder disease or other conditions as hypertriglyceridemia should be better stated from the beginning, not just in the limitations part - pancreatitis is well known as a current complication of patients with chronic hypercalcemia, please explain that in the introduction part - the cohort of patients is relatively small but with a high incidence of pancreatitis, please explain the correlation or search if there are any correlations (obesity, hypertriglyceridemia, family history...?) - Diagnosis of primary hyperparathyroidism was made by echographie OR scintigraphy/CT scan, please mention the percentage. - Conclusions should be better described in order to highlight the significance of the work and this is different from the other studies that are already published.



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Reviewer's code: 06239657

Position: Peer Reviewer

Academic degree: MBBS, MS

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: India

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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
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Re-review	<input type="checkbox"/> Yes <input checked="" 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 entitled “primary hyperparathyroidism presenting as acute pancreatitis: an institutional experience with review of the literature” describes a single center retrospective review of acute and chronic pancreatitis incidence in primary hyperparathyroidism cohort. The authors conclude that accumulative pancreatitis incidence related to primary hyperparathyroidism is 23.52%. The manuscript is well-written. But other than the inherent limitations of this retrospective study coming from a single center with small sample size, there are some concerning issues with this study as follows: - The rarity of hypercalcemia-induced acute and chronic pancreatitis is well reported in the literature, while the reported incidence in this study is much higher probably due to overdiagnosis of pancreatitis or missing other critical etiologies. The authors didn’t include pancreatitis imaging findings or mean serum lipase/amylase. In addition, there is no clear data about former or current history of alcohol or smoking use in this population. Also, one patient in the acute pancreatitis group (20%) had gallstones and no correlation with imaging or LFTs was mentioned to exclude biliary induced pancreatitis. Also, there is no mention of idiopathic pancreatitis incidence in this study or if these patients developed recurrent pancreatitis warranting additional workup (i.e., endoscopic ultrasound or MRCP to exclude other pancreatitis etiologies). Lastly, this study included an Indian cohort, at which occurrence of tropical pancreatitis with SPINK-1 mutations is observed more, hence acute and chronic pancreatitis could have been hereditary in nature specially with the patients younger age. - The findings of lower serum calcium and parathyroid hormone levels in acute pancreatitis compared to the non-pancreatitis group, can’t be explained by saponification impact of calcium



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levels with no report of acute pancreatitis severity or type (necrotizing vs interstitial). However, if calcium saponification is suspected, then I suggest including serum calcium levels after acute pancreatitis events have resolved for comparison. - The authors should include a flowchart of how they excluded 2nd causes of hyperparathyroidism. I agree that both acute and chronic pancreatitis can be rare manifestations of chronic hypercalcemia from primary hyperparathyroidism or other causes, but this study seems to overestimate this entity and limited by reporting bias given it's retrospective nature.



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Reviewer's code: 03477847

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: India

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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
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SPECIFIC COMMENTS TO AUTHORS

Dear authors, You can find my comments about the article below; 1. There are few spelling mistakes in the article. Therefore, the article needs to be revised. 2. Abbreviations should be added at the bottom of the table. 3. The information in the introduction should be simplified and focused on the subject. 4. One-to-one quotations from other articles in the literature on the subject should be corrected. 5. In the discussion part; The authors stated that for the same reason, plasma iPTH and serum ALP levels were higher in PHPT-NP patients, and younger men were more common. Could there be other reasons?