



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 76968

Title: Percutaneous direct endoscopic pancreatic necrosectomy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04213139

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: France

Author's Country/Territory: India

Manuscript submission date: 2022-04-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-10 18:50

Reviewer performed review: 2022-04-11 14:05

Review time: 19 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 Grade E: Do not publish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 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

Vyawahare et al. present a mini-review about percutaneous direct endoscopic necrosectomy, which is well written, and about a matter of interest. Another recent review was published by Binda, World J of Emergency surgery in 2021, but the present study provides some interesting highlights, particularly in the tables. However, I have some minor comment. First, authors should provide an abbreviation list and should use way less abbreviations because we get lost (so many used: WOPN / IPN / PFC / PDEN / DEN / EUS / STE / TIVA / CRE / CECT / GI / ERCP / SAPDEN / FCSEMS/ SEMS...). For example, STE is the same as PDEN so why use both? You should only use PDEN once you explained that sinus tract endoscopy was the alternative name. Using both abbreviation for PDEN and DEN is confusing... sometimes it means the same, and sometimes it can relate to transmural direct endoscopy so you may clarify that. SAPDEN is a long and not a useful one. CRE and ERCP are not detailed and used only one time. Regarding the "anaesthesia" chapter, to assert that TIVA can be performed, authors should provide references about cases series or reports where this type of anaesthesia is describe for PDEN. About table 2 for disadvantages, Authors should precise the disadvantages compared to other techniques (such as transmural direct endoscopic necrosectomy, or surgical necrosectomy). For the first point, the meaning is that it is more invasive than transmural necrosectomy? The second point and the third are the same disadvantages than transmural direct endoscopic necrosectomy. The last point, pancreatic fistula, is the same disadvantages than VARD...



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Academic degree: MD

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

SPECIFIC COMMENTS TO AUTHORS

This is a Minireview. The authors tried to review the 'Percutaneous Direct Endoscopic Pancreatic Necrosectomy' as a safe, effective, minimally invasive adjunct in the infected pancreatic necrosis management. In this review, the authors have summarized the indications, techniques, advantages and disadvantages of this treatment technique along with review of literature including various studies till date. It is an interesting review. However, I have major reservations in recommending it for publishing in the present form. 1. The abstract only extracted the part of the introduction, could not reflect the full text, and the writing was not concise. 2. English grammar and sentence is not standardized and fluent enough, which need further polishing and improvement. 3. Keywords are long and mostly repetitive. 4. The heading level of the paragraphs is a little confused. For example, two cases were suddenly inserted into the paragraphs and then commented on them, which is a little disorganized. 5. As a whole, the manuscript is neither a review nor an atypical case report. It is suggested that the authors reorganize the whole manuscript, whether to make a comprehensive review of " Percutaneous Direct Endoscopic Pancreatic Necrosectomy" or to report cases, and then revise the manuscript according to the corresponding format.