

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 21162

**Title:** Renal and perinephric abscesses in West China Hospital: a 10-year retrospective-descriptive study

**Reviewer's code:** 00466985

**Reviewer's country:** 0

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-07-04 15:46

**Date reviewed:** 2015-08-12 02:31

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input 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 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 type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors analysed a large number of renal and perinephric abscesses in their centre. The manuscript needs extensive language editing. In some places the text seems difficult to understand. Specific comments:

- Abstract "About ... in this study" Please, rephrase. Mention precise number of cases.  
Thank you for your advice and I have modified this part.
- Treatment and outcome "At our unit, patients with suspected or proven RA and PNA are managed initially by empirical broad spectrum intravenous antibiotics. The decision of therapy mode was made depending on the clinical scenario and risk factors patients may be involved."  
This may go in the discussion.  
Thank you for your advice and I have modified this part.
- Page 8, astonishing. Please, rephrase.  
Thank you for your advice and I have modified this part.
- Page 11. Difficult to understand sentences. The text really needs editorial help.



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Thank you for your advice and I have had my manuscript polished.

5. Table 2. The title need changing.

Thank you for your advice and I have modified this part.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 21162

**Title:** Renal and perinephric abscesses in Southwest China: a 10-year retrospective-descriptive study

**Reviewer's code:** 00506250

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

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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"/> [ Y] Accept
<input checked="" 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 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 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 type="checkbox"/> No	

## COMMENTS TO AUTHORS

Authors retrospectively investigated renal and perinephric abscess in Southwest in China. Paper is well written and includes interesting contents. My minor concerns are as follows:

1. The definition of "clinical improvement" may be more detail described.

Thank you for your advice, and "clinical improvement " is defined as "mainly including remission or disappearance of initial symptoms, shrinkage of the abscess cavity upon imaging, recovery of white blood cell and neutrophil counts, and negative results for blood and urine culture" in the text.

2. It may be more informative, if, in Table 3, 4, the data of subgroups in lithiasis and DM is also showed. If possible, please add the data.

Thank you for your advice. I understand that the reason you suggest add data of subgroups in lithiasis and DM is that it is likely that the distribution and resistance of causative microorganisms may differ in lithiasis and DM. I did try as you suggested, since the number of causative microorganisms isolated was small, information in subgroup was poor and there was

hardly statistical significance in the resistant profile of causative microorganisms. What's more, it became difficult to understand information that table 3 and 4 conveyed. Another reviewer suggested to divide into 2 groups according to RA and PNA and I did find some interesting results, such as, the outcome tended to be better in patients with RA than in those with PNA irrespective of the therapeutic mode ( $P<0.01$ ). *E. coli* was more frequently found in patients with RA ( $P<0.01$ ), while there was no significant difference in the distribution of *K. pneumoniae*, *S. aureus*, and *Candida* spp. ( $P>0.05$ ). I have added the relevant information in the text and table.

3. "imipenem" may be imipenem/cilastatin, SMZ in text should be trimethoprim-sulfamethoxazole. SMZ in Table 4 should be ST.

Thank you for your advice and I have modified this part.

4. "K pneumonia" should be "K pneumoniae"

Thank you for your advice and I have modified this part.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 21162

**Title:** Renal and perinephric abscesses in Southwest China: a 10-year retrospective-descriptive study

**Reviewer's code:** 02734018

**Reviewer's country:** 0

**Science editor:** Fang-Fang Ji

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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
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The manuscript presents interesting data regarding the renal and perirenal abscesses for a 10-year period. However, it needs some revisions in order to optimize all these data and to enable the authors to extract (probably) useful results and conclusions

1) It raises concern the fact that study population included both children and adults (age ranged from 2-75 yrs). Since symptoms/signs along with antibiotic regimens may differ between these age groups and consequently affect the study results, I would suggest that children should be excluded from the study population.

Thank you for your advice and I have excluded this patient from this study.

2) The present study offers a significant amount of data regarding the renal and perirenal abscesses. However, it would be more interesting if the study population was divided in 2 groups according to the abscess location, that is a group of patients with renal abscesses and another group with perirenal abscesses. The statistical analysis between the 2 groups regarding predisposing factors, symptoms/signs, causative microorganisms, as well as treatment could reveal useful results and

conclusions.

Thank you for your advice. I did find some interesting results according to your advice, such as, the outcome tended to be better in patients with RA than in those with PNA irrespective of the therapeutic mode ( $P<0.01$ ); *E. coli* and were more prone to be found in patients with RA ( $P<0.01$ ), while there was no significant difference in the distribution of *K. pneumoniae*, *S. aureus*, and *Candida* spp. ( $P>0.05$ ); There was no significant difference between RA and PNA in white blood cell count ( $W = 996.5$ ,  $P>0.05$ ), neutrophil count ( $W = 947$ ,  $P>0.05$ ), hemoglobin ( $W = 0.9773$ ,  $P>0.05$ ), blood urea nitrogen ( $W = 992$ ,  $P>0.05$ ) and serum creatinine ( $W = 1038$ ,  $P>0.05$ ), which suggested that patients with RA and PNA shared similar inflammation reaction level and risk of renal impairment in this study. I have added the relevant information in the text and table. In regarding to predisposing factors and symptoms/signs, only statistical significant difference about lethargy existed between RA and PNA. In order to simplify the table, information of subgroup in Table 2 is not shown.

3) The authors did not mention how many hospitals were participated in the study, since the study is referred to Southwest China.

Thank you for your advice. Since the patients admitted to our hospital include not only local residents, but also people from Yunnan, Tibet, Guizhou and so on. I took it for granted that patients in this study represented the population of Southwest China. Now I have corrected relevant information.

4) Regarding the treatment modes, the authors could give more information about the interventional or conservative treatment according to the size/place of abscesses.

Thank you for your advice. In this study, the average size of abscess in conservative group was 4.00 (range 1.80-10.50) cm and 7.65 (range 0.50-20.00) cm in interventional group. It is generally accepted that conservative treatment was suitable for small-sized abscess, while interventional treatment was appropriate for larger-sized abscess. In fact, the size of abscess is not always the predominant factor in the consideration of treatment mode, more factors including clinical scenario, risk factors and patients' physical condition should also be taken into consideration when decisions are made.

5) The discussion section could be shortened.

Thank you for your advice and I have simplified some contents. In addition, the specific comments raised by reviewer also has been corrected. Thank you once again.