1. Reviewer Name: Anonymous

Review Time: 2017-01-04 21:54

Comments To Authors: This manuscript shows the valuable experience of a tertiary referral center on severe acute pancreatitis. The exposition of this clinical-therapeutical experience referred to necrotizing pancreatitis is not well structured and his understanding is somewhat difficult. Moreover there is not a notice about the number of all pancreatitis seen in the same period; the etiology of necrotizing forms is reported only in the table 2. The sections Materials and Methods and Results should be clearly rewritten in more schematic form. The therapeutic choices, the outcomes and the final conclusions are vailable and according to current experience. The Discussion is extensive and structured but it should have a great number of references (about this topic there are a lot).

Classification: Grade C (Good)

Language Evaluation: Grade B: minor language polishing

Conclusion: Minor revision

Answer to Reviewer 1.: Thank you for the kind comments. I have restructured the material and method and results section to make it more clear. About 38 references included which are covering almost all the areas currently under debate. This study has been limited to only the necrotizing forms of all pancreatitis seen in the period. Hence, etiology of only necrotizing pancreatitis patients is mentioned.

2. Reviewer's report of manuscript titled "Mortality and morbidity in necrotizing pancreatitis managed on principles of step-up approach: 7 year experience from a single surgical unit". Dear authors, the issue exposed in your paper is very interesting but the present manuscript has several areas that need to be corrected or completed. I would like to point out certain aspects. I'll refer to the different points following the article outline. MAJOR COMMENTS: The main drawback of the work is the comparison between two groups that are not homogeneous (step-up approach vs non step-up approach). From my point of view these two groups are not comparable. The work does not show that they are homogeneous groups. It is evident that the step-up approach group will present better results in terms of morbidity and mortality. This is probably because these patients were less severe than patients in the non-step-up group. Usually less severe patients allow a more conservative treatment. Therefore, if you want to show comparative results between both groups, first, you should demonstrate that the two groups are homogeneous. If you can't prove that the two groups are homogeneous, only a descriptive study can be done. MENOR COMMENTS: ·Abstract (Results): -Image guided PCD. The full term to be replaced by an abbreviation must precede the abbreviation ·Results: -Indications for interventions were... Are patients treated with symptomatic WON (5 patients) included in this list of indications? If not, they should be added to the list of indications for intervention - The abbreviation PCD is repeated several times without having previously explained its meaning. -The morbidity was seen in the form of bowel obstruction (3 patients), was it a consequence of treatment or evolution of pancreatitis itself? ·Discussion: -CECT and CTSI. These abbreviations have not been explained previously. -It is difficult to believe that peri-pancreatic necrosis was present in only 3 of your cases. It is known that peri-pancreatic necrosis is more frequent than pancreatic necrosis. In fact, in results, you explain that in 5 patients a symptomatic WON was treated. WON is considered peri-pancreatic

necrosis. You should review the concept of peri-pancreatic necrosis. -Why do not you use FNA when there is a clinical suspicion of infection? If you have never used FNA to detect infection, some patients with sterile necrosis may have been operated without the intervention being correctly indicated. Could be the case of the patient with respiratory failure who died after necrosectomy? - Table 2 shows that trans-gastric debridement with internal drainage (cystogastrostomy) was performed in 2 patients, however, in the discussion it is said that you do not use endoscopy in any of your cases.

Classification:	Grade D (Fair)
Language Evaluation:	Grade B: minor language polishing
Conclusion:	Major revision

Answer to reviewer 2.

Dear Sir,

Thank you for a detailed evaluation of the paper.I will respond for both issues separately

1. The study is a descriptive study of the retrospective review of a prospective database. Thus, there is no prospective selection of patients for a particular type of therapy and as such the comparison between groups is a posthoc analysis. Your point that the groups may be different is well taken. However, the comparison of APACHE and CTSI scores of these patients as well as the timing to intervention did not show any significant difference between groups.
2. A. Abbreviations preceded by full form wherever required as suggested.
   B. Indications include those for symptomatic WON
   C. Abbreviations provided with full form.
   D. Bowel obstruction was a consequence of the disease process
   E. CTSI and CECT full form provided.
   F. 3 patients had exclusive peripancreatic necrosis. Almost all patient of necrotizing pancreatitis have some extrapancreatic necrosis but it has not been separately mentioned unless it is exclusively peripancreatic. WON term is not limited to purely peripancreatic necrosis. The original PANTER trial also mentions pancreatic and extrapancreatic necrosis in the inclusion criteria.
   G. Role of FNA has been debated since years especially since conservative management of infected necrosis has been shown to have some success. Your point that the death due to respiratory failure rather than infected necrosis is well taken though in this patient their was evidence of air in the necrosis.
   H. Yes the transgastric debridement and cystogastrotomy was a surgical procedure – open transabdominal surgery in one case and laparoscopic surgery in the other. If the word transgastric is giving impression of endoscopic procedure, it could be changed.

Reviewer 3:

I suggest to consider the case where a surgical approach to acute pancreatitis is indicated by the signs of an acute diffuse peritonitis, and where the progressive worsening of the general condition oblige to surgery. It would be also interesting to mismatch the score of pancreatitis severity with the outcome of the surgical treatment. Do you think that an early surgical decision can allow better results?

Classification:	Grade B (Very good)
Language Evaluation:	Grade A: priority publishing
Conclusion:	Minor revision

Answer to reviewer:
Thank you very much for the kind evaluation. Yes, the emphasis is on clinical signs guiding the treatment after the first 2 weeks. The cut off of 2 weeks should not be very rigid.