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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33778

**Title:** Procalcitonin as diagnosis marker to distinguish upper and lower gastrointestinal perforation

**Reviewer's code:** 03261540

**Reviewer's country:** Italy

**Science editor:** Yuan Qi

**Date sent for review:** 2017-03-02

**Date reviewed:** 2017-03-21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Can be accepted after English editing.



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33778

**Title:** Procalcitonin as diagnosis marker to distinguish upper and lower gastrointestinal perforation

**Reviewer's code:** 03226068

**Reviewer's country:** United States

**Science editor:** Yuan Qi

**Date sent for review:** 2017-03-02

**Date reviewed:** 2017-03-29

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 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is an interesting study about the procalcitonin as diagnosis marker to distinguish upper and lower gastrointestinal perforation. In this retrospective study, the authors included 46 patients from SICU ward of the Second Affiliated Hospital of Harbin Medical University who were confirmed to be with GIP between June 2013 and December 2016. There was a significant positive correlation between serum PCT level and APACHE II score, SOFA score, while there was a significant negative correlation between serum PCT level and Prognosis. Patients with serum PCT level above 17.94 ng/dl had a high likelihood of lower GIP, which sensitivity and specificity were 100% and 42.1%, respectively. Serum PCT level was a reliable and accurate diagnosis marker in identifying upper or lower GIPs before laparotomy. Overall, the study is well designed. Some minor revisions needed. 1 The language of the manuscript have to be revised. 2 Tables and figure are interesting. However, if the authors can add more figure, it will be more interesting. 3 The results were well discussed. The references should be



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updated.