

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 49738

Title: Timing, distribution and microbiology of infectious complications after necrotizing pancreatitis

Reviewer's code: 00505440

Reviewer's country: Australia

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-06-27 01:13

Reviewer performed review: 2019-06-29 07:19

Review time: 2 Days and 6 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a very nice study and well written manuscript. I would recommend publication.

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 49738

Title: Timing, distribution and microbiology of infectious complications after necrotizing pancreatitis

Reviewer's code: 00039529

Reviewer's country: United States

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-07-11 11:25

Reviewer performed review: 2019-07-11 14:56

Review time: 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

There is a great deal of valuable clinical information here. It is likely that your data also contains information regarding whether or not there is any clinical difference between true pancreatic necrosis and peri-pancreatic necrosis (this is a contentious issue and



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probably the reason for a separate submission, or at least inclusion of data into one of your Tables) Lumping PN and PPN together may be obscuring differences and you should have the data to determine whether or not they should be separated. This paper is much too long! Particularly the Introduction and the Discussion, and these sections need to be shortened by 30-50%. Furthermore, I would completely omit the section in the Discussion recommending empiric antibiotics, a position that has been determined not to be clinically useful. However, I would like to see you add a short discussion of the clinical utility of your findings. Please emphasize the clinical importance of your work. That is, due to the high frequency of extra-pancreatic infections, look for non-pancreatic causes early in the course of NP with fever and sepsis, and before embarking on surgical drainage to avoid unnecessary intervention in sterile NP Finally, when the paper is re-written, please have someone more familiar with idiomatic English assist in writing the manuscript. Edward L. Bradley III MD

INITIAL REVIEW OF THE MANUSCRIPT

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