

Answering Reviewers

Dear editor,

Thank you for your and reviewer's suggestions, I will response these questions point-by-point as follows.

Reviewer number ID: 00039529

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 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

Response:

Thanks for your constructive suggestions, here are my response:

1. Differentiation of PN and PPN, The purpose of this study was to analyze the effect of different infection time, location and species on the prognosis of patients with pancreatitis with infectious complications. Of the 205 patients with NP, 17 had pancreatic necrosis alone, 4 had peripancreatic necrosis alone, and 184 had common necrosis. In addition, a total of 179 NP patients in this study were referred to other hospitals, whose clinical data were difficult to obtain, and the scope of pancreatic necrosis in the early stage of onset could not be clearly defined, which also had a certain impact on the classification of pancreatic necrosis and/or peripancreatic necrosis. We would like to include your proposed grouping model in future prospective studies to determine whether it has an impact on infection.
2. About the Introduction and the Discussion, I am very pleased to follow your suggestions, the content of the Introduction and the Discussion has been simplified, and the Discussion on the empirical application of antibiotics has been deleted.
3. Regarding the clinical significance of this study result, I followed your suggestion and added a short discussion of the clinical utility of our findings in the revised manuscript.

Reviewer number ID: 00505440

Specific comments to authors:

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

Response:

Thanks for your comments.