

Response to Reviewers

April 07, 2021.

World Journal of Gastroenterology

Dear Dr. Ma:

Thank you for giving us the opportunity to submit the revised version of our manuscript “Interventional strategies in infected necrotizing pancreatitis – Indications, timing, and outcomes” with the reference number 75228.

We thank you and the reviewers for your thoughtful suggestions. The manuscript has benefited from these insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in the *Baishideng Publishing Group*.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions. The responses to all comments have been prepared and attached herewith/given below.

The major modifications in the text are highlighted (light yellow) for easy recognition of our revision. We also made some minor edits in the main text. Our detailed point-by-point responses to your comments and those of the referees as well as additional data are provided in a separate file.

We thank all reviewers for taking time to review our manuscript and providing feedback on our work. We have incorporated the suggestions made by the reviewers, which may be seen within the manuscript through the track changes feature. Please find our point-by-point responses below.

Sincerely,

Hiroki Sato, MD

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Reviewer 1)

Reviewer Name: Anonymous

Review Date: 2022-01-24 23:46

Specific Comments To Authors: it is a good review on management of pancreatitis and highlight of the step up approach in the management of this important and difficult topic. the article emphasis the importance of MDT approach. the inclusion of many different studies and trails is well summarised and put into focus with this review. thus the quality of the manuscript is good, and with such a good summary provide a new concepts, highlighted in the conclusion. This article address a key problem which is the timing as well as best management approach for both AP and INP. the diagram, flow charts, and table are well illustrated. the main problem addressed is the high mortality rate of INP that needs future research on how to reduce it. overall the article summarise and add a concise guidance on steps of management of INP that can be adapt in clinical practice.

Response: Thank you for reviewing the manuscript and for your valuable and encouraging comments.

some of the references lack DOI need to be addressed. a few spelling mistake and some grammar need to be improved.

Response: Thank you for pointing this out. The reference formatting has been corrected and the DOIs have been inserted. Further, the manuscript has been reviewed by an English language editor.

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Reviewer 2)

Reviewer Name: Anonymous

Review Date: 2022-01-21 08:43

Specific Comments To Authors: Treatment of acute pancreatitis (AP) has undergone considerable changes in the past 10 years—ie, the introduction of a multidisciplinary, tailored approach including minimally invasive endoscopic, radiological, and surgical interventions for infected pancreatic and peripancreatic necrosis and improvements in critical care have reduced both morbidity and mortality. This paper provides an over view of current evidence on the indications, timing and outcomes of interventional strategies in in Accurate and early diagnosis fected necrotizing pancreatitis. It is important for clinicians to selected the optimal approach for dealing with necrotizing pancreatitis, and thus improve patients' prognosis.

Response: Thank you for reviewing the manuscript and providing your valuable feedback.

Major issues: In the abstract, the authors stated that "Accurate and early diagnosis of NP and associated complications, as well as state-of-the-art therapy are imminent in order to improve prognosis." However, no reporting on the diagnosis was found in the manuscript. I would advise the authors add evidences on this topic.

Response: Thank you for this important comment. As per to your suggestion, we have added a new paragraph about the diagnosis of INP as seen below:

DIAGNOSIS OF ACUTE INFECTED NECROTIZING PANCREATITIS

The diagnosis of AP is mostly based on clinical symptoms; the major ones being abdominal pain, fever, nausea, and vomiting. The diagnosis is further narrowed by measuring the levels of serum amylase and/or lipase. As a diagnostic criterion for pancreatitis, these markers exceed the physiological range by approximately three times. Characteristic imaging findings, such as enlargement of the pancreas and hypodense areas within the parenchyma and/or the peripancreatic tissue, are radiological imaging criteria^[8, 17, 21]

The primary imaging modality within the first 48 h is a transabdominal ultrasound, primarily to determine the need for cholecystectomy for biliary pancreatitis. If the diagnosis of AP remains uncertain, a CT scan can be performed. However, changes on CT scan are most evident approximately 72 h after AP onset^[21].

To diagnose NP, contrast-enhanced CT (CECT) is the preferred imaging modality, as it can identify the presence of gas in the necrotic collection. MRI can also be used but is less sensitive than CECT^[22]. The diagnosis of infected necroses is based on clinical criteria including fever and rising serum inflammatory markers^[23].

Minor issues: There were some grammatical and spelling errors in the paper. I would recommend a thoroughly re-checking on the manuscript.

Response: Thank you for pointing this out. Based on your suggestion, the manuscript has been reviewed by an English language editor.

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)