

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81883

Title: Controversies in the management of acute pancreatitis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00001114

Position: Editor-in-Chief

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: India

Manuscript submission date: 2022-11-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-28 11:22

Reviewer performed review: 2022-12-03 09:22

Review time: 4 Days and 21 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

My comments to Authors: The review article is well-written and comprehensive regarding this topic. I have made some minor comments. Regarding the statement immediately preceding Table 6; ~ except for Japanese guidelines which recommends prophylactic antibiotics in SAP and necrotising pancreatitis within 72 hours (Table 6). The recently updated Japanese Guideline 2021 revised this point regarding prophylactic antibiotics. Therefore, please specify the guideline for the 2015 version in the text to avoid misunderstandings. Minor comments 1. Introduction, third paragraph, Certain issues like of intra abdominal hypertension~ “of” is miss typing? 2. Used of balanced solutions like Ringer’s lactate (RL)→Use?

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Peer-review model: Single blind

Reviewer's code: 06330529

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2022-11-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-01 03:34

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Review time: 18 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments for the manuscript have already been finished as follows, please check. 1. Page1 Line 16: Treatment for etiology including hypertriglyceridemia and gallstone is also controversial in the early treatment of AP which should be discussed. For example, TG lowering therapy is one of research highlights in early treatment of AP; 2. Page3 Line 60: Other kind of balanced salt solutions including sodium bicarbonate ringer and sodium acetate ringer also should be discussed in the initial fluid resuscitation; 3. Page8 Line 96: Concept of deresuscitation might be discussed after adequate fluid resuscitation in the early phase; 4. Page10 Line 132: Target of protein and calorie intake of early EN is also important in early EN therapy and should be discussed and compared; 5. Page12 Line 169: Sample size should be included; 6. Page17 Line 224: Empirical antibiotics considered in patients suspected or confirmed infected necrosis instead of patients who fail to improve or worsen after 7-10 days of initial hospitalization. Words should be accurate without causing ambiguity; 7. Page40 Line 644: Management of persistent ascites should be different according to different causes. Best regards, Gang Li

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Title: CONTROVERSIES IN THE MANAGEMENT OF ACUTE PANCREATITIS

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03299110

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Teacher

Reviewer's Country/Territory: China

Author's Country/Territory: India

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This paper is too long, and there are several spell errors. For exmaple, in the part "Pancreatic vs. Extra-pancreatic infections", walled of necrosis should be modified as "walled off necrosis". in the part "Timing of drainage: Is there an ideal time?", " Infect, the....." should be modified, etc.