



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12433

Title: A case of stent displacement during pancreatic pseudocyst drainage and endoscopic management

Reviewer code: 00227445

Science editor: Ya-Juan Ma

Date sent for review: 2014-07-08 16:50

Date reviewed: 2014-07-09 00:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors describe a case of a patient with an unusual complication of a transgastric stent insertion and subsequent non-surgical management. There are a few issues that require some clarity: 1. The cyst fluid had high amylase but was the cyst fluid CEA level also measured? 2. It would be useful to know what sedation/anaesthesia is used. 3. During the procedure, did the wire remain in the cyst? Was the stent inserted over-the-wire? 4. During the second procedure the authors state that a drainage tube was placed in the lesser sac. Was this via the transgastric fistula or percutaneously? 5. I have not heard the term "gastral cavity" and think the authors mean cyst cavity. 6. The review of the literature dicusses migrated stents but in the majority of these cases the stent has entered the cyst cavity. I think that the authors should describe how they think the current complication occured and discuss this novel method of retrieval in more detail. 7. The authors suggest using EUS and fluoroscopy to prevent such complications but other methods such as marking the mid point of the stent are also used. 8. Last paragraph "conclusion" correct spelling.



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Title: A case of stent displacement during pancreatic pseudocyst drainage and endoscopic management

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Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Please provide more details about the treatment and findings: 1. Was the entire double pigtail stent in the lesser sac? 2. Was there a visible hole in the stomach leading to the lesser sac? Did you then place a wire or dilating balloon directly into this hole? 3. Were there any unusual findings at the time of the first cystgastrostomy to suggest that there was a perforation? 4. How did you decide to treat the complication endoscopically rather than surgically? Was the patient relatively stable without severe peritonitis? 5. Please clarify the following statement in the paper: "A drainage tube was placed in the lesser peritoneal sac. We then performed endoscopic drainage guided by EUS in another site of the stomach, and placed a nasobiliary drainage tube in the gastral cavity" What kind of drainage tube was placed in the lesser sac (percutaneous?) Was this done during the endoscopy? Where was the "nasobiliary drainage tube" placed- is this a nasogastric tube or something else?



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ESPS PEER REVIEW REPORT

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<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Good research article. However there seems to be no point in your argument that using both fluroscopy and EUS can avoid stent displacment, because your study employed both these methods and still ended up having the complication.