

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8477

Title: Resistin is not a good biochemical marker for prediction acute pancreatitis severity.
Case-Controlled study

Reviewer code: 00001390

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-28 21:34

Date reviewed: 2014-01-03 04:02

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"/> Existed	<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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Present study tried to clarify whether serum resistin serves as a predictive marker for the severity of acute pancreatitis (AP), or not. They concluded that obesity is risk factors for developing severe AP, but resistin failed to serve as predictive marker of clinical severity. We understand that obesity is major risk factor that induces severe AP, because inflammation process easily extends to peri-pancreatic fat tissue, and results in fat necrosis with mediator storm or hyper-cytokinemias. These sequential events will evoke irreversible severe AP. Accordingly, predictive marker of fat necrosis will provide a useful tool for the evaluation of severity of AP. In this sense, this article dealt with important issue. Though, I agree the major results of this study, authors should present with detailed information that indicate the correlation between serum resistin level and the extent of fat necrosis in AP. In addition, most part of discussion was occupied by the description of reason why this study is meaningful and necessary, but not for the evaluation of the results of this study, inability of resistin to predict the severity of AP, which is most important role of the discussion. To polish this manuscript, authors will correct these parts and add detailed information. 1. Total patients number was 125, not 102 shown in results? 2. What the difference of resistin A and B? 3. Most patients were acute gallbladder stone-induced pancreatitis. However, major cause of acute pancreatitis in other countries may be considered to be alcohol. I consider that it is better for resistin to be evaluated also in alcoholic patients. Were there few alcoholics in your country? 4. How about the correlation between serum resistin level and severity evaluated by Ranson and APACHE II scores? 5. How about the correlation between serum resistin level and the extent of fat necrosis that is evaluated by image analysis of CT? 6. I consider that hypocalcemia represents the severity of fat



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necrosis, because degradation of triglyceride which occurs in fat necrosis consume serum calcium to form a soap with a fatty acid. How about the correlation between serum resistin level and calcium? 7. Most part of discussion in this manuscript should be stated in Introduction. In discussion, authors should discuss the results of this study, such as inability of resistin to predict the severity of acute pancreatitis.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8477

Title: Resistin is not a good biochemical marker for prediction acute pancreatitis severity.
Case-Controlled study

Reviewer code: 02510223

Science editor: Gou, Su-Xin

Date sent for review: 2013-12-28 21:34

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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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input 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
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In this article, the authors analyzed serum resistin level in acute pancreatitis patients and reached some controversial but interesting conclusions. Unfortunately, the authors did not discuss the disputed point thoroughly, which could be the core value of this work. Therefore, I suggest this paper should be reassessed after a major revision. The followings are the problems in this manuscript:

1. In this paper, the authors concluded that resistin was not a good biochemical marker in predicting acute pancreatitis severity, which was the opposite of the previous studies. The authors themselves even quoted those studies but no discussion was made between the different views. This discussion is crucially important and it's the key to this work. More authors' own opinion about the controversial points should be given in this portion.
2. This manuscript contains too many obvious errors in punctuation, like: * Missing point at the end of a sentence. * Missing blank space between sentences. * Wrongly entered blank spaces at the end of a sentence. * Wrongly entered superscript marks. * The ellipsis expression of "et al." presented without the dot. Such mistakes could have been avoided if the author had been more circumspective. The authors should double-check his paper before the submission and avoid the repetition of similar problems next time.
3. Please provide a clear picture with larger image version in Figure 4.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8477

Title: Resistin is not a good biochemical marker for prediction acute pancreatitis severity.
Case-Controlled study

Reviewer code: 02861598

Science editor: Gou, Su-Xin

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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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an interesting article which brings some important information regarding the significance of resistin as a lab marker in acute pancreatitis. I have following suggestions- 1. Methods: "In cases of recurrent pancreatitis, ERCP was done to demonstrate.....(page 4, last para)- How many patients had recurrent pancreatitis and what were their ERCP findings? (did any patient had chronic pancreatitis on ERCP?) 2. Who comprised the 'control' group in the study- were these healthy volunteers?? Please explain. 3. Results: The information provided in Table-1 is repeated in results. This redundant information should be removed. 4. 'Discussion' is lengthy and not focused to the findings of the study. One is lost in the details written on the severity of pancreatitis and markers of severity. I would suggest that authors should begin discussion with the findings of their own study and discuss it in relevance to the available literature. 5. Table-1: Providing values of 'Means with SD' would be sufficient. I would suggest removing other values like median, range, etc. - Authors have included only 102 patients in this study, then why are additional 23 patients with idiopathic pancreatitis included in in Table-1 (Etiology). - Please remove mortality data in table as it is already mentioned in the text in 'Results' section. 6. Table-2: I would suggest providing percentages of patients with acute and chronic pancreatitis instead of %age for total number of patients. 7. Table-3 is very confusing. It is not clear what is analyzed here. I could not understand the meaning of 'Resistin-C'. Caption says "relationship between plasma markers for all pancreatitis"???? If Resistin-C is resistin levels in controls, then, the relationship of resistin levels in patients and controls can be explained in one sentence in the main text. There is no need for a separate table with mean, media, range, etc. for analyzing this parameter. 8. The information given in figures 1 and 2 is same as in



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tables 3 and 4. This is redundant information. Author should decide if they want to provide this information in table or figure but not both. 9. There are numerous grammatical errors throughout the manuscript. Authors should obtain help from someone who is proficient in English while revising the manuscript.