Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Although all the imaging scores showed a strong correlation with the severity of the acute pancreatitis, the evaluation of extrapancreatic necrosis volume had the best diagnostic accuracy in severe form in this study. However, the conclusion is not an innovation one. The original findings or hypotheses in this study are not new. In a 2015 study, Meyrignac et al. had already concluded the similar conclusion. (1.Meyrignac O, et al. Radiology. 2015;276(1): 119-28; 2.Çakar İ, et al. AbdomRadiol (NY). 2020;45(5): 1507-1516.) Furthermore, there are many mistakes/spell errors in the manuscript. Introduction 1. "…Promisingly, one of the recently studied scores is the extrapancreatic necrosis volume." Authors should use a reference. Meyrignac O, Lagarde S, Bournet B, Mokrane FZ, Buscail L, Rousseau H, Otal P. Acute Pancreatitis: Extrapancreatic Necrosis Volume as Early Predictor of Severity. Radiology. 2015;276(1): 119-28 [PMID: 25642743 DOI: 10.1148/radiol.15141494].   Material and method 1. This retrospective study was on 139 patients, how were those patients enrolled in the study by authors? How many patients were excluded during that period of time? 2. The CT examination was performed with a Siemens Somatom Emotion 16 system. Please give the CT scanner information in detail. Also, Iopamiro 370 mg I/ mL, please reveal the contrast agent original information. 3. We are very interested in the measurement about areas of extrapancreatic necrosis. So how can we accurately differentiate pancreatic ascites from intra-abdominal fluid or mixed (solid and liquid) collections by a CT examination? Another issue, with regard to a measure of volume,   was this value measured only once, twice or other times? The intra- or inter-observer agreement should be considered in this study. 4. The statistical analysis was performed using SPSS-18. Please depict the using SPSS edition in detail. 5. As for statistical analysis on the non-Gaussian data distribution,

please demonstrate data or evidence. Results 1. As for Figures (Fig1.-Fig 4.), what are these numbers "0, 1, 2, 3" of the revised Atlanta criteria (rAC) referring to? 2. In Fig 3., there is no unit on extrapancreatic necrosis volume. 3. In Fig.5., "Correlations between the volume of the pancreatic necrosis and the severity forms of acute pancreatitis", "the pancreatic necrosis" should be modified as the extrapancreatic necrosis. 4. In Fig. 6., ROC curve. "CTSIm" should be modified as mCTSI, and "PCR" should be modified as CRP. 5. "…PCR proves to be a good predictor of pancreatitis severity…", "PCR" should be modified as CRP. Discussions 1. Too long. 2. For the assessment of severe pancreatitis, the best predictor turns out to be the volume of necrosis (AUC=0.993), followed by the mCTSI score (2007) (AUC=0.972), and the CTSI score (1990) (AUC=0.969). So, how can we conclude that the volume of necrosis is significantly better than CTSI or mCTSI score?

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a paper investigating the association between extrapancreatic necrosis and severity of acute pancreatitis. Please add the frequency of pancreatic necrosis and necrosis sites (Ph, Pb, Pt) in this study. See the literature below. Kitamura K, et al. The Prognosis of Severe Acute Pancreatitis Varies According to the Segment Presenting With Low Enhanced Pancreatic Parenchyma on Early Contrast-Enhanced Computed Tomography: A Multicenter Cohort Study. Pancreas. 2017 Aug;46(7):867-873. Compare the severity of pancreatitis in pancreatic necrosis and extrapancreatic necrosis.

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

The authors' objective is to demonstrate the high predictive value of measuring the extrapancreatic necrosis volume in the estimation of acute pancreatitis (AP) severity. Reading the paper and the similar works from the literature, there is no doubt that CT images can detect important morphological alterations within the pancreas and in the surrounding tissues. The question is: when? There is an agreement that early CT images can underestimate the severity of AP and the characteristic lesions appear parallel to the clinically severe course. The authors should emphasize this limitation: the predictive value of CT images is low at the onset of the disease and the values obtained by the authors come from the third day after the onset.   Comments, questions and criticisms - The objectives and the methods are clearly described. - "Many scores have been suggested to assess the severity of pancreatitis upon onset, consisting of clinical, biological, and imagistic markers (Ranson score, APACHE II, Glasgow) [3-5], which have not demonstrated significant discriminatory power. Computed tomography severity index (mCTSI) [7] imaging scores remain the most widely used in assessing the severity of pancreatitis." - I am not agree neither with so negative opinion about clinical scores, nor with the dominant use of CT index, with real discriminatory power only > 48-72   hours of clinical evolution. Both types of scores are widely used. - Table 1. The same numbers cannot represent different percent values. The sum of numbers is 123 and not 139. The table requires revision and corrections. - The distribution of severity is somewhat surprising: the low proportion of mild cases and frequent moderate AP is unusual in the literature. The etiology of AP is not reported - I did not find a clear explanation for the figures. I suppose that the numbers 1,2 and 3 represent the mild, moderate and severe disease. But what is the "0" and "4"? We can see several values corresponding a "0".   - Extrapancreatic fluid collections and necrosis are not clearly

distinguished in the text. For example, the title of Fig. 3. is Correlation between extrapancreatic necrosis and rAC, but the fluid collection volume is depicted on the same figure. The definition of necrosis is lacking. In how much cases the extrapancreatic necrosis was absent? - "…radiological scores were calculated following the computed tomography examination (CTSI, mCTSI, extrapancreatic necrosis volume), within 48-72 hours from the onset of symptoms." It means that these scores, while predict early the severity of AP, are not useful at the onset of the AP...

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66849

Title: Extrapancreatic necrosis volume: A new tool in acute pancreatitis severity assessment?

Reviewer's code: 03479389

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: Romania

Manuscript submission date: 2021-04-07

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2021-07-30 11:48

Reviewer performed review: 2021-07-30 12:05

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

You should investigate whether extrapancreatic necrosis is associated with pancreatitis-related mortality.

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

SPECIFIC COMMENTS TO AUTHORS

My re-review comments were simple: the authors answered my questions, made the corrections and I suggested to accept the paper in its final form.