

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 19642

Title: Pancreatic trauma: The role of computed tomography for guiding therapeutic approach

Reviewer's code: 00058446

Reviewer's country: China

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-19 11:01

Date reviewed: 2015-05-31 16:43

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

COMMENTS TO AUTHORS

This a very interesting retrospective study about the role of CT for diagnosis of pancreatic trauma, and as we know, pancreatic trauma is associated with high morbidity and mortality especially in case of delayed diagnosis. According to the result of this study, CT represents an accurate imaging tool for recognizing direct and indirect signs of pancreatic trauma, and provides useful information to plan therapeutic approach. 1.Only 8 out of 136 (6%) patients underwent surgical treatment and the pancreatic injuries were confirmed in all cases, how about the other 128 patients treatment and result? 2.Among the specific signs, the presence of fluid between the splenic vein and the pancreas represents the most common CT finding , which is the most important sign of pancreatic injury for suggesting surgical indication?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 19642

Title: Pancreatic trauma: The role of computed tomography for guiding therapeutic approach

Reviewer's code: 00227360

Reviewer's country: China

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-19 11:01

Date reviewed: 2015-06-03 23:30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors listed a number of specific and non specific signs of pancreatic injury. Then, one question may be raised for what signs can be used as criteria for choosing the surgical management for pancreatic injury? In specific CT signs of pancreatic injury, the focal or diffuse pancreatic enlargement/edema may also be seen in acute pancreatitis. Then, how do you differentiate the sign between injury and acute pancreatitis?

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 19642

Title: Pancreatic trauma: The role of computed tomography for guiding therapeutic approach

Reviewer's code: 02664504

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-19 11:01

Date reviewed: 2015-05-26 14:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Minor corrections required. Role of MRCP for Pnacreatic Ductal injuries need to be mentioned.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 19642

Title: Pancreatic trauma: The role of computed tomography for guiding therapeutic approach

Reviewer's code: 00004485

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-05-19 11:01

Date reviewed: 2015-05-27 05:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors retrospectively review CT findings in 136 patients with presumptive pancreatic trauma; 94% (128/136) patients who had nonoperative treatment had CT abnormalities and 6/8 (75%) of individuals undergoing surgery for this trauma were correctly diagnosed as having a transection with CT scan. 1. Can the authors confirm that none of the 128 patients treated nonoperatively, in fact, did not have a major duct leak/transection? Did none of these patients have an ERCP? 2. You quote a mortality between 10-30% in pancreatic trauma and a 30% morbidity. Do you have any outcomes on the morbidity/mortality in the patients in the current series? 3. Please define the timing of surgery in the 8 patients who underwent operation. 4. The 2012 revised Atlanta classification of pancreatitis reinforces that pseudocysts cannot be defined before 4-6 weeks. Please modify the "assessed signs" accordingly. 5. Can you define the timing between the abdominal imaging and the abdominal trauma? If not, please describe this as a limitation of the current series. 6. The manuscript would be improved by showing examples of the multiple other CT abnormalities that can be seen with pancreatic trauma. 7. Please correct the references. Limit author number



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(see reference 10). Omit the month of publication (8, 9, 13, 15, 18, 19, 20).