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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32314

Title: Endoscopic Management of Pancreatic Fluid Collections-Revisited

Reviewer's code: 00044945

Reviewer's country: Brazil

Science editor: Yuan Qi

Date sent for review: 2017-01-04 08:24

Date reviewed: 2017-01-04 19:17

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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

The authors are commended for this nice narrative review on the endoscopic management of pancreatic cyst fluid collection. Minor changes are required before publication: - correct "systemic review" by "systematic review" throughout the text" - correct "Siddique" by "Siddiqui" throughout the text.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 32314

Title: Endoscopic Management of Pancreatic Fluid Collections-Revisited

Reviewer's code: 00071777

Reviewer's country: Spain

Science editor: Yuan Qi

Date sent for review: 2017-01-04 08:24

Date reviewed: 2017-01-16 05:43

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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

Thank you for the opportunity to review this paper. Overall, this work describes a current review of the endoscopic management of pancreatic fluid collections. Acute peripancreatic collections do not require therapy. Symptomatic pseudocysts are managed primarily with endoscopic techniques. Sterile necrosis does not require therapy except in the rare case of a collection that obstructs a nearby viscus. In case of necrosis infection, delayed intervention for at least 4 weeks is possible in most patient whose condition remains reasonably stable. I have a few suggestions: The excess of abbreviations in the text makes de reading sometimes difficult to understand. You should add an abbreviations list and review its first appearance in the text (LAMS, FCSEMS,..). You stated: "Another study comparing FCSEMS with LAMS, reported that although clinical outcomes were similar in both the groups, significantly fewer interventions were required in LAMS group." and "In the only randomized study (50 patients), Lee BU et al concluded that both FCSEMS and plastic stents have equal efficacy for PFC", with no references. The step-up approach consists of antibiotic administration, percutaneous drainage as needed and, after several weeks, minimally invasive debridement (endoscopic, laparoscopic, retroperitoneal) if required. This approach is superior to



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traditional open necrosectomy. This issue should be made clearer. Some grammatical and syntax errors should be corrected.