

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 43221

Title: Split-dose or hybrid NSAIDs and N-acetylcysteine therapy for prevention of post-ERCP pancreatitis

Reviewer's code: 00069819

Reviewer's country: Jordan

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-31

Date reviewed: 2018-10-31

Review time: 15 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this prospective study of the comparative efficacy of three different pharmacologic regimens in reducing the incidence of post-ERCP pancreatitis (PEP) the Authors report no statistical difference. The manuscript is fairly written, and the topic is of major



**Baishideng
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Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
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interest to interventional GI endoscopists around the world. The abstract is informative and well written. The methods and results are exhaustive. The introduction section may be too long and needs to be shortened. The tables are well illustrated and complete. My major comments are the following: 1. Discussion section should start by stating the main results and their significance. 2. Discussion of the main results is somehow weak. The Authors need to expand on the pathophysiologic basis of their results as related to the different regimens used. 3. There is no mention of what type of intravenous fluids was used in the study population. As the Authors probably know, the use of ringer lactate, as compared to normal saline, has been largely shown to be effective in reducing the incidence of PEP. 4. The study strengths and limitations should be clearly stated by the Authors.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 43221

Title: Split-dose or hybrid NSAIDs and N-acetylcysteine therapy for prevention of post-ERCP pancreatitis

Reviewer's code: 00051373

Reviewer's country: Taiwan

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-31

Date reviewed: 2018-11-01

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The current paper is very interesting and well written. It should be accepting for publication without alter.



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Pleasanton, CA 94588, USA
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Fax: +1-925-223-8243
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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 43221

Title: Split-dose or hybrid NSAIDs and N-acetylcysteine therapy for prevention of post-ERCP pancreatitis

Reviewer's code: 00504187

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2018-10-31

Date reviewed: 2018-11-04

Review time: 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The first comment is if this type of manuscript should be published in the World Journal of Clinical Cases. Indeed, it is a prospective randomized trial, though one blind, not a case presentation. All these trials are difficult, especially when the results are related to



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asymptomatic hyperamylasemia and not to a true post-ERCP pancreatitis, as in this paper. Several factors (easy access to the biliary duct, cannulation of the pancreatic duct or repeated attempts before achieving the cannulation) may play a not negligible role in rising amylase and lipase levels in the serum, without causing pancreatitis. Therefore, it is the utility of adding NAC as a preventive drug which can be questioned, considering that there is not any significant difference in the development of post-ERCP pancreatitis. Still there is not a complete agreement in the literature about the advantages of NAC. The Introduction is too long and should be shortened. Overall, English language is relatively poor and could be ameliorated. In Material and Methods, looking at the inclusion criteria, all patients had common bile duct stones. How many of them had previous pancreatitis or previous biliary colic or jaundice? Did they have a pancreatic evaluation by US or CT scan? If possible, these data should be specified, as they could influence the results. It is somewhat amazing that the control group had more or less the same number of patients of both Group A and B. There is some reason for this? If yes, it should be explained. At page 8 and 9, the rised levels of amylasemia are referred as "3-fold" rising or "asymptomatic hyperamylasemia". These terms are confusing and an univocal definition should be used. References are updated but may be too many, especially if this paper will be published in a case report journal.

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