

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

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Title: Endoscopic ultrasound guided interventional procedures

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

COMMENTS TO AUTHORS

Overall an extremely comprehensive and up to date analysis of the role of EUS. Some minor points !. The abstract refers to EUS as a novel technique. Although the scope and role of EUS is increasing, the technique has been in widespread use for 20 years so in itself is hardly novel. 2. The algorithm and treatment of PFC includes only endoscopic means of drainage. It is commented that the EUS characteristics such large amounts of necrosis may influence the treatment method. As the algorithm is including several modalities, comparative outcomes including numbers of procedures, admissions and overall LOS with operative drainage should be mentioned and referenced. 3. EUS guided cholecystostomy is mentioned with several small series. It is commented that there was a complication rate of up to 30% with this procedure. As this is usually performed in unfit patients, this high complication rate should be expanded further and used in comparison with radiological drainage outcomes