



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71615

Title: Giant infected hepatic cyst causing exclusion pancreatitis: A case report

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05113510

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-09-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-15 15:48

Reviewer performed review: 2021-09-18 09:41

Review time: 2 Days and 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

This article described an 88-year-old woman with giant infected hepatic cyst causing pancreatitis. I thought this case wasn't special enough for further publishing. As we know, normally, giant hepatic cyst could increase intra-abdominal pressure and compress adjacent organs, which can make related syndrome. Second, many factors can induce pancreatitis such as infection, drugs or diet, so from this article we can't confirm pancreatitis was induced by giant hepatic cyst. Moreover, only according to a slight dilation of the main pancreatic duct at the pancreatic tail and blood amylase levels increased to 1,150 U/L on the 7th day were not enough for the diagnosis of exclusion pancreatitis. If authors could provide more imagine information for giant hepatic cyst compression leading to pancreatic duct obstruction will be better. Complete hepatobiliary pancreatic imaging could consider magnetic resonance cholangio-pancreatography(MRCP) or endoscopic retrograde cholangio-pancreatography (ERCP).



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Manuscript NO: 71615

Title: Giant infected hepatic cyst causing exclusion pancreatitis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05912049

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-09-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-15 13:51

Reviewer performed review: 2021-09-24 14:59

Review time: 9 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

First, this case is the second case report of pancreatitis occurring as organ damage associated with hepatic cyst growth. On the whole, the clinical data and laboratory examinations of the cases are complete, and the treatment process is in line with ethical requirements. In this case, the compression of the common bile duct by the exophytic cyst of the liver is one of the triggers for pancreatitis. Coupled with the poor resistance of elderly patients, incomplete drainage of liver cysts can easily induce biliary tract infection, which is another cause of pancreatitis. For this case, the first puncture and drainage of the liver cyst is not enough. Drainage should be managed. Thorough flushing after placing the drainage tube can effectively control the infection. The subsequent sclerotherapy can be performed through the drainage tube to close the cyst cavity and avoid the need for the abdominal cavity in the later period. Perform fenestration of liver cysts under the microscope. On the whole, this case is still relatively rare and has greater clinical significance.