

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81037

Title: Management of infected acute necrotizing pancreatitis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05123031

Position: Editorial Board

Academic degree: Doctor, MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Greece

Manuscript submission date: 2022-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-18 03:34

Reviewer performed review: 2022-11-18 04:53

Review time: 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 Grade E: Do not publish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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

Manuscript Number: 81037 Title: Management of infected acute necrotizing pancreatitis

This manuscript emphasizes the necessity of gradual, timely and personalized management and treatment of infectious acute necrotizing pancreatitis, and the importance of improving the prognosis of patients. It provides clear guidance for the clinical treatment of infectious acute necrotizing pancreatitis, which is of great significance for the treatment of this disease. From the perspective of clinical treatment of infectious acute necrotizing pancreatitis, the publication of this manuscript is guided, after all, to further expand the treatment and management strategies of clinicians for infectious acute necrotizing pancreatitis.

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Title: Management of infected acute necrotizing pancreatitis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06456057

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Chile

Author's Country/Territory: Greece

Manuscript submission date: 2022-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-25 17:50

Reviewer performed review: 2022-12-09 06:01

Review time: 13 Days and 12 Hours

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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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 manuscript summarized the recent topics of multidisciplinary management in acute necrotizing pancreatitis (ANP). This manuscript is logically rigorous and generally of high quality, but there still exists some space for text improvement. In this sense, I suggest adding more concluding paragraphs of future directions, highlighting the role of novel clinical challenges in the medical and surgical management of ANP.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05845576

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Reviewer Country

Author's Country/Territory: Greece

Manuscript submission date: 2022-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-11 18:09

Reviewer performed review: 2022-12-15 07:45

Review time: 3 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Dear authors I suggest that you could consider to revise your manuscript according to these below comments

1. Patients with infected acute necrotizing pancreatitis should be evaluated according to one or more of the following parameters :

- Pulse <40 or >150 beats/minute
- Systolic arterial pressure <80 mmHg or mean arterial pressure <60 mmHg or diastolic arterial pressure >120 mmHg
- Respiratory rate >35 breaths/minute
- Lactate levels greater than 2 mmol/L (>18 mg/dL), C-reactive protein (CRP) levels above 150 mg/Dl, Serum sodium <110 mmol/L or >170 mmol/L, serum potassium <2.0 mmol/L or >7.0 mmol/L, serum glucose >800 mg/dL, serum calcium >15 mg/dL
- PaO₂ <50 mmHg
- pH <7.1 or >7.7
- Anuria
- Coma

1. Infected necrosis should be early suspected in patients with pancreatic or extrapancreatic necrosis who deteriorate (clinical instability or sepsis physiology, increasing white blood cell count, fevers) or fail to improve after 7 to 10 days of hospitalization. In patients with suspected infected necrosis, we suggest empiric antibiotics rather than CT-guided fine needle aspiration or percutaneous abscess drainage. The majority of infections (approximately 75 percent) are monomicrobial with gut-derived organisms (eg, Escherichia coli, Pseudomonas, Klebsiella, and Enterococcus). If empiric antibiotics are initiated, antibiotics known to penetrate pancreatic necrosis (eg, a carbapenem alone; or a quinolone, ceftazidime, or cefepime combined with an anaerobic agent such as metronidazole) should be used.

2. Patients with infected necrosis who fail to respond to antibiotics or who are clinically unstable, may require pancreatic debridement. Where possible, we attempt to delay intervention until four weeks after initial presentation to allow the infected necrosis to become walled off. We perform necrosectomy with minimally invasive methods and reserve open surgical debridement for patients who are

clinically unstable or if minimally invasive debridement is not possible or fails. 3. Percutaneous catheter drainage is primarily a bridging technique for patients who are too unstable to undergo surgical debridement, although one-third of patients can be managed with percutaneous drainage alone. 4. Endoscopic debridement is performed via a transgastric or transduodenal approach and is typically done in patients with walled-off pancreatic necrosis, which usually takes three to four weeks. For patients with pancreatic necrosis amenable to both endoscopic and surgical debridement, we suggest attempting endoscopic debridement first. Endoscopic debridement is associated with less systemic inflammatory response and fewer complications (eg, fistula) than surgical debridement. 5. Surgical debridement techniques include the following :

- Retroperitoneal approaches (video-assisted retroperitoneal debridement [VARD] or minimally invasive retroperitoneal pancreatectomy [MIRP]) are suitable for retrogastric collections that extend into the left paracolic gutter.
- Laparoscopic or open transgastric debridement (cystgastrostomy) is suitable for central retrogastric collections.
- Laparoscopic transperitoneal debridement is suitable for isolated collections at the root of the mesentery.
- Open transperitoneal debridement is only performed when a collection is inaccessible to all other methods of drainage or after the step-up approach has failed.