

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51650

Title: Complete duodenal obstruction induced by groove pancreatitis: A case report

Reviewer's code: 00504215

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's country: Japan

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

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Reviewer performed review: 2019-09-28 05:25

Review time: 19 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 checked="" 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

This is a case report on groove pancreatitis (GP) with duodenal obstruction. Although it

is an interesting case, there are some points to be revised. The authors did EGD which showed a complete obstruction of the descending duodenum. Didn't you take biopsy specimen from the stenotic part? If you did, you should describe pathological findings. You mention, 'Further exploration found a 3-cm mass was located in the "groove part" of pancreas, specifically the mass was at the pancreatic head and oppressing the descending duodenum.' Aren't there any positive imaging findings suspicious of pancreatic mass by CT and other imaging procedures (US, EUS, MRI, etc)? Please explain. Your conclusion includes, '...our case reminds surgeons that some benign pancreatic diseases, such as GP, can also present with symptoms similar to those of pancreatic cancer. This knowledge can help to avoid an unnecessary radical operation.' I believe that this must be very important message. Thus, please show your suggestion to distinguish GP from other diseases (e.g. pancreatic cancer); For instance, what should you have done before surgical operation in your case? CT (Figure 1A) shows an increased fat tissue concentration around the duodenum, which may be considered as suspected pancreatitis. This finding should be addressed in the body and the figure legend. There are some typographical errors in the article. Abstract (P.3, L.16): Pathologic diagnose -> Pathologic diagnosis Legend of Figure 1A: rad arrow -> red arrow Legend of Figure 2A: rad arrow -> red arrow

INITIAL REVIEW OF THE MANUSCRIPT

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