



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 60601

**Title:** Pylephlebitis – a rare complication of a fish bone migration mimicking metastatic pancreatic cancer: A case report

**Reviewer’s code:** 01191922

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Doctor, Surgeon

**Reviewer’s Country/Territory:** China

**Author’s Country/Territory:** Portugal

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**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2020-11-26 11:51

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<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting case of pylephlebitis following fish bone migration into the portal vein. Several concerns about the diagnosis and treatment are listed as follows. 1. The patient presented with fever and progressive Jaundice. Laboratory tests showed elevated white blood cell counts, increased C-reactive protein, and abnormal liver cholesterol levels with total bilirubin of 11.90 mg/dL. All of these suggest the possibility of biliary tract infection. Why didn't they administer the patient with antibiotics? In addition, it is necessary to distinguish with biliary pancreatitis. What were the results of serum and urinary amylases if they were detected? 2. Since pancreatic cancer is suspected, why not performed enhanced CT scan? Non-enhanced CT scan is certainly inferior to enhanced CT for diagnosis of pancreatic cancer. Similarly, whether tumor markers such as CA19-9 or CEA were detected? What about the results? 3. It would be better if they showed the histology of biopsy. 4. Although this case is rare and interesting, the highlight is not that it resembles metastatic pancreatic cancer. Meanwhile, the Discussion Section is too long, and further abbreviations are suggested.