

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68216

Title: Anterior abdominal abscess: a rare manifestation of severe acute pancreatitis

Reviewer's code: 02440467

Position: Editorial Board

Academic degree: MD

Professional title: Academic Research, Adjunct Professor, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-05-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-17 15:48

Reviewer performed review: 2021-05-17 21:10

Review time: 5 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

In this report the Authors describe a rare complication of severe acute pancreatitis, characterized by an abscess of the anterior abdominal wall in a 66 years old female. The case report is well presented and well discussed. Some minor remarks. There is no mention of the possible etiopathology of this severe acute pancreatitis (is a presumed idiopathic one?) MCTSI is an acronym and should be entirely written al least once (modified computed tomography severity index). "The incision was expanded from the original puncture point" please clarify which incision, give a clear description of the drainage procedure and types and material of drainage used, if they were gravity drainage and if they were rinsed or not with sterile physiological solution. "Video-assisted laparoscopic debridement (VARD) or traditional open debridement may cause further trauma to the patient, leading to multiple organ failure or even death." Please specify that VARD and open laparotomy can be therapeutic options for patients with severe acute compartment syndrome. "Among the local complications caused by SAP, anterior abdominal wall abscesses are very rare" However, there is no mention in the manuscript of how many reports the Authors found in the medical literature of this rare presentation of anterior abdominal abscess in ASP.



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68216

Title: Anterior abdominal abscess: a rare manifestation of severe acute pancreatitis

Reviewer's code: 01438495

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-05-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-18 09:53

Reviewer performed review: 2021-05-26 09:50

Review time: 7 Days and 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

Authors describes the rare case of abdominal abscess after acute pancreatitis. 1. The amylase in the drained fluid from the abscess was very low, 5IU/L. Yokoi et al. reported that the pancreatic fluid is caused by pancreatic duct disruption (DDP) and, when the DDP is major, amylase content of the pnacreatic fluid is very high (Pancreatology 2016; 16: 497-507). Authors described in Discussion that the abscess was made by fluid, flowing into the space from the retropeitoneal space. The fluid is considered to contain pancreatic juicce in some degree but the amylase lever was very low. Authors are expected to describe about discrepancy. 2. In Discussion, the description is very verbose. It should be consice. 3. In Discussion, "gray-Turner", and "Gray Turner" are wrong.