

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9728

Title: Management of chronic pancreatitis complicating pseudoaneurysm bleeding

Reviewer code: 00031006

Science editor: Su-Xin Gou

Date sent for review: 2014-02-26 09:41

Date reviewed: 2014-03-07 18:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In their review, Chiang et al. reviewed the therapeutic strategies for managing bleeding from pseudoaneurysms due to chronic pancreatitis (CP). They provided a brief discussion of the potential pathomechanisms of pseudoaneurysm formation in CP patients and reviewed the options to diagnose pseudoaneurysm bleeding. In the subsequent sections of the manuscript, they cited several studies on the outcome of interventional-radiological management of pseudoaneurysm bleeding in CP and could show that angiography-guided embolisation can help stabilize patients with active bleeding. In the final part of the study, they cited the outcomes of the retrospective series on the role of surgery in CP-associated pseudoaneurysm bleeding and stated that surgery is likely to bring benefit to patients who re-bleed after embolisation or are unfit. Overall, the authors tried to provide a step-up approach for managing CP-associated pseudoaneurysm bleeding. I agree that the evidence in the current medical literature is solely derived from retrospective case series, and therefore it is hard to address this issue of clinical relevance in an evidence-based and systematic fashion. However, the main deficit of the provided review is exactly this lack of a systematic approach. Related to this point, my concerns are as follows: 1) Instead of citing the studies in the literature one by one, the authors should have applied a systematic approach by dividing the reviewed studies into a) case reports and b) retrospective case series, and additionally considered the differences among same type studies with regard to the recruited patients. The authors are deeply encouraged to follow the PRISMA guidelines and also incorporate a Materials and Methods section in their , then systematic review. 2) For example, what was the average time between the time of diagnosis of chronic pancreatitis and the bleeding event in the individual studies? Were the co-morbidities and age and



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other demographics of these patients comparable? Did the outcomes vary between these different groups of patients? 3) I think this systematic approach can be best visualized by providing more tables that group studies including similar characteristics, or studies of similar design into subgroups and by analyzing the outcomes of these subgroups. 4) It is not clear how the authors concluded that the "unfit" patients would be better candidates for first-line surgery. 5) Moreover, it is more importantly not well understandable why the authors favor such a step-up approach from embolisation to surgery. While this approach is rational, the evidence provided in the manuscript clearly shows better outcomes for patients after surgery.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9728

Title: Management of chronic pancreatitis complicating pseudoaneurysm bleeding

Reviewer code: 02548374

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors present a review article about a feared complication of pancreatic disease, the bleeding pseudoaneurysm. The article is useful and practical and I suggest it to be published with minor modifications. The authors brought adequate references to corroborate their findings and the presented approach to such severe cases. Specific comments: Title: It accurately reflects the major topic and contents of the study, although there is a spelling error in the word pseudoaneurysm. Abstract: It gives a clear delineation of the article, however I suggest that the last two sentences of the conclusion be present in the abstract. Introduction: I suggest that the beginning of the introduction be modified, in the second and third sentences, that speak about the diagnostic criteria and the incidence of pancreatitis. I believe that the authors should bring more concrete information about diagnostic criteria, and show other studies, beyond that one from Copenhagen, regarding the incidence and diagnosis of the disease. There are other causes of pancreatitis beside those described, and they are not unfairly blamed, so I think they should be cited or just referred to as others. The review was appropriate and also described the experience of the authors, which enriched the article. Valuable conclusions are provided. I suggest language polishing.

ESPS Peer-review Report
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ESPS Manuscript NO: 9728

Title: Management of chronic pancreatitis complicating pseudoaneurysm bleeding

Reviewer code: 00573611

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Date reviewed: 2014-05-06 15:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this manuscript, the authors reviewed the chronic pancreatitis complicated with pseudoaneurysm bleeding with the aim of providing better and reasonable therapeutic strategies to treat this rare but critical situation. Comments This is an interesting review article. The reviewer has some concerns as follows: 1. There were only a few descriptions for causal association of chronic pancreatitis in this manuscript. It needs to be strengthening. 2. Is there a possibility that chronic pancreatitis is processed from acute pancreatitis? The authors need to clarify and describe this issue in the text.