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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14452

Title: Endoscopic ultrasound-guided drainage of postoperative intra-abdominal abscesses

Reviewer code: 00071220

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-06 19:25

Date reviewed: 2014-10-10 08:01

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I had the opportunity to review a paper "Endoscopic ultrasound-guided drainage of postoperative intra-abdominal abscesses", and I found very interesting. There is no problem to publish the manuscript.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14452

Title: Endoscopic ultrasound-guided drainage of postoperative intra-abdominal abscesses

Reviewer code: 02729532

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-06 19:25

Date reviewed: 2014-10-22 22:17

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Good initiative article. However more cases need to be studied.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14452

Title: Endoscopic ultrasound-guided drainage of postoperative intra-abdominal abscesses

Reviewer code: 01800335

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-06 19:25

Date reviewed: 2014-10-22 23:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well-written case report of a novel application of therapeutic EUS. Although 3 of 4 cases death with post-pancreatic surgery fluid collections, the 4th case is the first to report drainage of an abscess by EUS after colorectal surgery. 1) My only real concern with this paper is use of the term "external drainage" to refer to the transgastric placement of a nasobiliary tube via EUS, that is then drained "externally" via the nose. When I first read the abstract, I took this to mean that the authors placed both a transgastric and a percutaneous drain. If readers only look at the abstract they will be misled and not understand what truly happened here. Furthermore, in the Discussion when the authors talk about the EUS pseudocyst literature having evidence for improved resolution of infected walled-off necrosis, they again refer to the combination of having an internal and external drain. However, no one who does that procedure refers to it in that way (instead we talk about endoscopic transgastric drainage +/- nasocystic catheter irrigation) and in that context the combination of an internal and external drain implies that the patient receives both transgastric and percutaneous drainage. Therefore, my suggestion is that the term "external drainage" be changed throughout the entire paper to something else, such as "nasocystic drainage" or "transgastric external drainage." This simple clarification will improve the paper greatly. 2) Please clarify how the nasobiliary drains were used. Was irrigation performed (as is typically done for infected walled-off pancreas necrosis)? If so, using what solution and how often? And was the drain attached to intermittent suction? Please



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clarify for the cases. 3) What was the duration of antibiotics used in these cases? 4) The nasobiliary drains were left in for an average of 10 days. Did patients go home with these drains in their noses or were they kept in hospital for the duration of their treatments?