

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12017

Title: Prophylactic intra-peritoneal drain placement following pancreaticoduodenectomy: A systematic review and meta-analysis

Reviewer code: 00503536

Science editor: Yuan Qi

Date sent for review: 2014-06-17 21:14

Date reviewed: 2014-06-28 10:35

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"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

A systematic review written by Wang et al. analyzed the effectiveness of intra-peritoneal drain placement following pancreaticoduodenectomy. The operation is one of the biggest one in the treatment for digestive system diseases, and may cause serious complications following the operation. Therefore, it is important to analyze whether prophylactic intra-peritoneal drainage could prevent the complications resulting in preferable outcome. The present analyses demonstrated that intra-abdominal drainage following pancreaticoduodenectomy is associated with greater mortality, but lower overall and major complication rates. The data are interesting, but there are some serious concerns that need to be addressed. Major points 1. It is unclear why intra-peritoneal drain placement following pancreaticoduodenectomy is associated with greater mortality despite that it causes lower overall and major complications. Because most of the studies included in this analysis are not RCT, intra-peritoneal drainage might be performed mostly in patients with more serious conditions leading to greater mortality. The author should add comments on the indication of post-operative drainage applied in each study. 2. As the authors describe, the type of drain could affect the occurrence of complications and prognosis of the patients. The authors should discuss more on that point. 3. Baseline disease could greatly affect the outcome of the patients. However, little information is demonstrated. In other words, both patients with malignant and benign diseases undergo pancreaticoduodenectomy, but the prognosis of the patients should be greatly different



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according to the type of the disease affected.

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Title: Prophylactic intra-peritoneal drain placement following pancreaticoduodenectomy: A systematic review and meta-analysis

Reviewer code: 00071702

Science editor: Yuan Qi

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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"/> 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
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

With limited number of studies available in this domain, I am sure the present article will be highly useful for the readers. 1. Language polishing will be required.