

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23510

Title: Pancreaticoduodenal artery aneurysm associated with coeliac artery occlusion from an aortic intramural hematoma

Reviewer's code: 03324910

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2015-12-04 09:17

Date reviewed: 2015-12-11 23:00

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors report the case of a 60-year old man affected by type B aortic dissection, complicated by retroperitoneal bleeding of a ruptured PDA aneurysm. This is an interesting report. I have the following key requests for the authors. - The authors defy this case as a type B aortic dissection (AD), but the images appear more likely that of a spontaneous intramural aortic hematoma (IMH), since blood flow in a false lumen and/or an intimal flap is not visible. May this have been a chronic type B AD with extensive thrombosis presenting with an acute complication? Please define clearly if this was presumably a chronic type B AD, an acute type B AD or an acute IMH. Images and definition should be revised accordingly. If the final aortic diagnosis was not clear, this should also be clearly discussed. - More information is needed on symptom onset: time from primary onset to presentation to first Emergency Department, D-dimer levels if available at any time, presence of nausea/vomit or other symptoms of visceral ischemia. Was chest/abdomen CT the first imaging exam used in this patient. If not, please briefly present results of the other imaging exams. An Aortic Dissection Detection (ADD) risk score classification of the patient should be presented. - The authors should



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

provide more information on the cardiovascular and aortic risk profile of the patient, including known aortic dilatation, familial history of aortic dissection, drug abuse, presumed/confirmed connective tissue disorders. Also previous abdominal surgery may be an issue. - Did the patient receive any drug affecting coagulation from pre-hospital to hospital care which may have favored bleeding?



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23510

Title: Pancreaticoduodenal artery aneurysm associated with coeliac artery occlusion from an aortic intramural hematoma

Reviewer's code: 02577402

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-12-04 09:17

Date reviewed: 2015-12-20 14:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well-written case report on a pancreaticoduodenal artery aneurysm associated with coeliac artery occlusion from an aortic dissection. In the legends of the figure, please give the full phrase of the appreciation of PDA.