

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 24150

Title: Modified single transluminal gateway transcystic multiple drainage technique for a huge infected walled-off necrosis: a case report

Reviewer's code: 02441458

Reviewer's country: Poland

Science editor: Yuan Qi

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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 manuscript, which I reviewed with interest, presents a modification of single transluminal gateway transcystic multiple drainage technique. The authors used this technique to access a separated necrotic collection which extended along the left paracolic gutter. This collection was not adjacent to the stomach, and therefore not amenable to standard transluminal drainage. Eventually, this collection was accessed transluminally through the main cavity under visual guidance and 2 pigtail stents were placed. As a result, the collection resolved. This technique represents an original solution to management of wall-off necrosis extending far away from the lesser sac, which otherwise would need additional percutaneous or surgical approach. This case-report is well-written, the subject is vital and thoroughly discussed in the manuscript, and the paper merits publication in World Journal of Gastroenterology. Comments: 1.The percentage of pancreatic necrosis and/or CTSI should be included in the case description. 2.Have the pigtail stents been already removed? If so, when did it take place and is there any long-term follow-up after removal of the stents?