

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26587

Title: A total of 539 successive cases of pancreaticoduodenectomy: Analysis of the risk factors for postoperative pancreatic fistula

Reviewer's code: 02462740

Reviewer's country: Italy

Science editor: Jin-Lei Wang

Date sent for review: 2016-04-18 12:27

Date reviewed: 2016-04-28 18:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

Very interesting study, can be accepted for publication after a language editing.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: A total of 539 successive cases of pancreaticoduodenectomy: Analysis of the risk factors for postoperative pancreatic fistula

Reviewer's code: 01221670

Reviewer's country: Italy

Science editor: Jin-Lei Wang

Date sent for review: 2016-04-18 12:27

Date reviewed: 2016-05-09 22:15

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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 study is well designed and the manuscript is well written. In this study, the authors analyzed the risk factors for pancreatic fistula after pancreaticoduodenectomy. About 539 successive cases of pancreaticoduodenectomy performed from March 2012 to October 2015 were analysed. The univariate analysis showed no significant correlation between the following factors and postoperative pancreatic fistula: age, hypertension, alcohol consumption, smoking, history of upper abdominal surgery, preoperative jaundice management, preoperative bilirubin, preoperative albumin, pancreatic duct drainage, intraoperative blood loss, operation time, intraoperative blood transfusion, Braun anastomosis, and pancreaticoduodenectomy (with or without pylorus preservation). However, a significant correlation was observed between the following factors and postoperative pancreatic fistula: gender, diabetes, BMI, blood glucose level, pancreaticojejunal anastomosis technique (pancreatic duct-jejunum double-layer mucosa-to-mucosa pancreaticojejunal anastomosis vs pancreatic-jejunum single-layer mucosa-to-mucosa anastomosis; diameter of the pancreatic duct, and pancreatic texture. The authors concluded that gender (male), a BMI > 25, pancreatic duct-jejunum



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>

double-layer mucosa-to-mucosa pancreaticojejunal anastomosis, a pancreatic duct diameter ≤ 3 mm, and a soft pancreas were risk factors for pancreatic fistula after pancreaticoduodenectomy. Comments: 1 There are some language polishing need to be revised. 2 The figures are not very clear. More clearer figures should be provided. 3 References are updated and well discussed. However, the format of the refs should be updated.