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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 20712

Title: Prospective evaluation of the cause of acute pancreatitis with special attention to medicines.

Reviewer's code: 01548565

Reviewer's country: Hungary

Science editor: Ya-Juan Ma

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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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Rashidi and Rokke investigated possible causes of acute pancreatitis (AP) in retrospective and prospective cohorts of patients with a special focus on drug-induced disease. The most common etiologies were bile stones and alcohol in about 60% of cases, which is somewhat lower than the 80% reported elsewhere. No possible cause was found in 3.5% of the prospective cohort, which is also lower than previously reported data.

Major points

1. "Acute pancreatitis was defined as a serum amylase level above three times the upper limit of normal (amylase > 200 IU/ml) OR a CT-scan showing peripancreatic inflammation with or without pancreatic necrosis." However, the diagnosis of AP is usually made by fulfilling two of the following three criteria: (a) acute onset of persistent, severe epigastric pain, (b) lipase/amylase elevation beyond three times the upper limit of normal, (c) characteristic imaging features on CECT, MRI or US.

In addition, the classification of AP is rather odd and is based on C-reactive protein concentration and contrast-enhanced CT. This is inappropriate. Patients should be grouped according to the revised Atlanta criteria (mild, moderate or severe AP) depending on the presence and duration of organ failure (Banks et al., Gut 2013).

2. The duration of the prospective study is unclear. In the abstract, January to September is stated, in the methods, January to July. Were non-prescribed medications evaluated in the study?

3. The discussion is rather long and lacks focus on drug-induced AP. Please compare your findings to that of others

4. Tables. In Tables 1, 2 and 6, decimals should be indicated by periods and not commas; p values of previous pancreatitis and patients with CT should be indicated as $p < 0.001$). In Table 1, pancreatitis severity is certainly overestimated by using CRP concentration. Systemic complications sound better than general complications. In Table 2, what does "pat" mean? In Table 4, in the bile stone group methotrexate is missing the n number, amipril and simvastatin are written twice rather than stating $n=2$; in the bile stone or alcohol group, oestradiol is written twice rather than stating $n=2$; hypertriglyceridemia is missing an "a"; in the medication group, n number for venlafaksin, ramipril is missing. In Tables 4-6, the spelling of the following drugs is incorrect in some cases: venlafaksin, metotrexat, ciklosporin, ...-hydroklor-tiazid). Table 5 is rather redundant and basically repeats the data stated in Table 4, which is inappropriate. Note that total n numbers are different in Tables 4 and 5 (34 vs. $21+6+6=33$). In Table 6, I don't see the point of giving number of users in Norway, per 1000, or per 500.000 as these data are redundant, I think that the first two can be omitted. Also in Table 6, hypertriglyceridemia is written without "a" in two places.

Minor points

1. I could see the tracked changes and comments of authors.

2. In numerous places spaces are missing (e.g. on page 3 in 10-20%, revealed.Many; on page 5 Table3; in Table 4: divisum($n=2$)). Note that revealed is spelled incorrectly (reveiled).

3. Materials and Methods should be changed to Patients and Methods.

4. In the abstract, the third sentence is incomplete: ...and their possible etiological...

5. References. PMIDs are missing. The journal name of ref. 16 is not abbreviated. Ref. 27 is not e-pub anymore, please correct. Ref. 14: Majumder S1?

6. Abbreviations should be defined when first used (e.g. ASA, US, CT, MRI) and use the consequently throughout the paper.

7. The manuscript would benefit from revision of linguistics and checking for typos (e.g. crtain, pancreaititis, authores, Europa, hypertriglyceridemi).