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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39693

Title: Portosplenomesenteric vein thrombosis in patients with early-stage severe acute pancreatitis

Reviewer's code: 03732207

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-04

Date reviewed: 2018-05-06

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors present an in-depth analysis of the portosplenomesenteric vein thrombosis (PVT) in patients with early-stage severe acute pancreatitis. They identify that incidence of PVT was 17.86%, the independent risk factors were high Balthazar's



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CTSI scores, hypoalbuminemia and inflammation in the GIT. Furthermore, it is suggested that early drainage and correcting hypoalbuminemia during the early stage of SAP may help prevent the occurrence of PVT. . A few comments on the shortcomings: (1) Definitions of SAP Page 10: "SAP is defined by persistent organ failure, that is, organ failure for longer than 48 h[14].", And the reference 14 is "14 Vikram R, Balachandran A, Bhosale PR, Tamm EP, Marcal LP, Charnsangavej C. Pancreas: peritoneal reflections, ligamentous connections, and pathways of disease spread. *Radiographics* 2009; 29: e34 [PMID: 19168761 DOI: 10.1148/rg.e34]" The definitions of SAP has an important criteria, the Atlanta classification in 2012. It is also appeared in the reference 13 in the manuscript. Why do you not use the Atlanta criteria in 2012, and use a old criteria in 2009 ? (2) Case inclusion criteria: The definitions of "early-stage severe acute pancreatitis" is the most important inclusion criteria in the research, but the definition of "early-stage" was not found in the whole article. Only a Exclusion criteria was found in page 8, i.e., "admission >6 days after AP onset". So, I can only draw a conclusion by inference that the early-stage means ≤ 6 days after SAP onset (note: the acronyms is AP in the Page 8 and Page 14, but the acronyms of SAP is more rigorous). Moreover, according to the Atlanta classification in 2012, "This early phase is usually over by the end of the first week but may extend into the second week"(reference 13). What made you choose the ≤ 6 days as an early-stage criteria , instead of ≤ 7 days or ≤ 14 days ? (3) Variables inclusion criteria: Regression analysis was the major statistical methods in the research. Different variable selection criteria are relevant to the different end results. Can you provide the basis for choosing these variables (showed in Table 2 and Table 3) or the basis for Data collection (Page 9) ? (4) Twenty-five of the 140 (17.86%) SAP patients developed PVT (Page 5 and 13) According to the Atlanta classification in 2012, SAP include Moderately severe acute pancreatitis and Severe acute pancreatitis. Can you tell me the principal diagnosis of the



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140 patients, i.e., it is Moderately SAP and SAP, or SAP only ? (5) A spelling mistake
Page 19: 13 Banks PA, Bollen TL, Dervenis C, Gooszen HG, Johnson CD, Sarr MG,
Tsiotos GG, Vege SS; Acute Pancreatitis Classification Working Group. Classification of
acute pancreatitis-2012: revision of the Atlanta classification and definitions by
international consensus. Gut 2013; 62: 102-111 [PMID: 23100216 DOI:
10.1136/gutjnl-2012-302779] Pay attention to the word "classification", there is a space
between "class" and "sification" . It is obviously wrong. (6) splenic vein (SpIV)
The word "splenic vein " seldom expressed in abbreviations in many paper, especially
abbreviated "splenic vein " to "SpIV". Can you provide a basis for this?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39693

Title: Portosplenomesenteric vein thrombosis in patients with early-stage severe acute pancreatitis

Reviewer's code: 02567564

Reviewer's country: India

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-04

Date reviewed: 2018-05-21

Review time: 17 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors report on occurrence of splanchnic venous thrombosis in Acute Pancreatitis through a retrospective study. As such, the literature on occurrence of this complication is well recognised and the study has no apparent novelty Major • How were the CTs



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reviewed. Were those scans or films? How many reviewers? • Some previous reports have differentiated between splanchnic thrombosis and attenuation of these vessels. Have authors differentiated these two radiological situations • One would disagree with the label of gut wall inflammation merely on basis of CT findings; better to report as bowel wall thickening • Hypoalbuminemia has been reported to predict PSMVT but the ODDs ratio is < 1 . OR must be for albumin levels and therefore the ODDS for hypoalbuminemia need to be > 1 . Or do the authors wish to state that low albumin levels were protective for PSMVT? The authors say "In our study, hypoalbuminemia with albumin levels ≤ 25 g/L was a good predictor of PVT, with a very low OR (0.031)." which means low albumin is protective as OR is low • The authors could also mention the AUROC for albumin and gut edema in the abstract. Were these factors not analysed further? • Were outcomes in the two groups similar? Minor • It is better to use the short form of Portosplenomesenteric vein as PSMVT rather than PVT which can be confused by portal vein thrombosis • Pseudoaneurysms are late complications of AP; How do authors explain their presence in early AP? • Even though it is a retrospective study, the authors could comment if the protocol to manage PSMVT included anticoagulation or not? • Again, the statement "Correcting hypoalbuminemia during the early stage of AP may help prevent the occurrence of PVT." Is unreferenced and possibly out of the scope of this paper. Better be removed • The authors report "However, our study showed no correlation between coagulative markers and the development of PVT, suggesting that coagulative disturbance may not be a direct cause of PVT, as reported before". Which coagulation markers were tested and if none were tested better to remove this statement. • What are the numbers in brackets in Table 2 • How was the amount of ascites calculated in Table 3 • What are the numbers in brackets in Table 3 •



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INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39693

Title: Portosplenomesenteric vein thrombosis in patients with early-stage severe acute pancreatitis

Reviewer's code: 03479389

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-24

Date reviewed: 2018-05-24

Review time: 10 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me an opportunity of the review. My comments are as follows. This is a very interesting paper. However, early PVT in SAP patients was not associated with death. Please add treatment methods for patients with PVT in this study and



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describe the significance of treatment for PVT from the results of this study.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39693

Title: Portosplenomesenteric vein thrombosis in patients with early-stage severe acute pancreatitis

Reviewer's code: 00004764

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-24

Date reviewed: 2018-05-29

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments for Authors Your retrospective cohort study examines intra-abdominal thrombosis in the setting of severe pancreatitis. There have been a number of studies on this topic in the past, and your findings confirm prior observations. However, one



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of the most important issues is a long-term prognosis ie, should you begin anticoagulant therapy. Your study does not address this important issue. Specific Comments 1. You stated that CT's were generally performed three to seven days after admission. Thus, this study really is a prevalence study that is how many patients develop thrombosis at one point in time. This is therefore not an incidence study meaning patients got multiple CT's and you could look at the incidence long-term. Am I mistaken? 2. It is not surprising that severe inflammation was associated with thrombosis. It would have been interesting to look at your patients who did not have severe acute pancreatitis to determine how many of them developed any intra-abdominal thrombosis. 3. Should an arterial aneurysm be included? Or are these venous "aneurysms"? 4. The images are only fair in quality.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:

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