



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 68614

Title: 'Short' pancreaticojejunostomy might be a valid option for treatment of chronic pancreatitis in many cases

Reviewer's code: 05123031

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Estonia

Manuscript submission date: 2021-05-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-08 04:54

Reviewer performed review: 2021-06-09 11:34

Review time: 1 Day and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

The manuscript confirms that the clinical outcomes following 'short' pancreaticojejunostomy (S-PJ) are non-inferior to the 'long' pancreaticojejunostomy (L-PJ), and the authors found that there is no significant difference in pain relief, improvement in quality of life, body weight gain, patients' satisfaction with surgical treatment, and readmission rate due to CP, compared with L-PJ. Thus, the authors think the S-PJ should be preferred surgical option in uniformly dilated pancreatic duct. The findings do provide a more reasonable and reliable care standard for surgical treatment of chronic pancreatitis. However, there are several issues that need to be explained by the author.

1. All 91 patients undergoing side-to-side PJ was between 10/1997 and 12/2020. The time span is relatively long, so will such a long time span affect the conclusions of the study? After all, there were only 91 cases in that 23-year period.
2. The author should give a figure of the "long" catheter tomy in Figure 1, comparing with "short" catheter tomy.
3. Limitations of the study are noted in the manuscript. Surgeons dedicated to pancreatic surgery operated all patients enrolled, and consequently, obtained results (zero mortality and relatively low morbidity) may not generalize to outcomes at hospitals that have less expertise. Thus, the authors should specify the hospital level or range of practical procedures to ensure that the procedure is widely or better used for the surgical treatment of chronic pancreatitis. Overall, this study has important clinical implications for the surgical management of chronic pancreatitis.
4. Chronic pancreatitis is usually treated by non-surgical treatment, so the authors should provide the necessary criteria for surgical treatment of chronic pancreatitis. Nonoperative treatment is the main treatment for chronic pancreatitis. The author should give careful consideration to the issues mentioned above before publishing this article.