

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 85499

Title: Surgical decompression for the management of abdominal compartment syndrome with severe acute pancreatitis: A narrative review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03196544

Position: Peer Reviewer

Academic degree: 博士, MD, PhD

Professional title: 教授, 主任医师, Attending Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United Arab Emirates

Manuscript submission date: 2023-05-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-07 03:43

Reviewer performed review: 2023-06-07 07:29

Review time: 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

A high-level review of the status of surgical recommendations for patients with ACS associated with SAP. However, in view of the particularity of SAP, no special attention seems to be paid to the management of medical etiology after ACS and how the pathophysiological progression of SAP is reversed after surgical decompression, and the reasons for the higher mortality and lower early closure rate after opening the abdominal cavity are insufficient.

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Title: Surgical decompression for the management of abdominal compartment syndrome with severe acute pancreatitis: A narrative review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03202632

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United Arab Emirates

Manuscript submission date: 2023-05-23

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-12 02:45

Reviewer performed review: 2023-06-12 03:32

Review time: 1 Hour

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

Nice research, finished well, but lack of novelty.

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Title: Surgical decompression for the management of abdominal compartment syndrome with severe acute pancreatitis: A narrative review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03546926

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United Arab Emirates

Manuscript submission date: 2023-05-23

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-11 23:46

Reviewer performed review: 2023-06-24 08:42

Review time: 12 Days and 8 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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

This is an interesting and clinical relevant review summarizing evidence in this special population. IAH is common in patients with acute pancreatitis, while ACS is the life-threatening version. Unfortunately, evidence regarding this issue is scarce, thus this review can provide some useful clinical information. I have some comments to improve the manuscript: 1. The authors should state clearly that there is no randomized trials on this topic in the first paragraph of Results. 2. When discussing the timing of decompression, although not a human study, this animal study should be involved (PMID:23511145), since it highlights the potential pathophysiology harms caused by delayed decompression. 3. I understand that decompression must be effective in decreasing the IAP in short time. Figure 1 provided very limited information to me. Alternatively, although observational, the authors can simply summarize the clinical effect of decompression on key outcomes like mortality, and some other long-term outcomes, like the development of splenic venous thrombosis which was reported to be associated with IAH.