



BAISHIDENG PUBLISHING GROUP INC

7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 32075

Title: Mortality and morbidity in necrotizing pancreatitis managed on principles of step-up approach: 7 year experience from a single surgical unit

Reviewer's code: 02650654

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2016-12-28

Date reviewed: 2016-12-28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input 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"/> 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

I suggest to consider the case where a surgical approach to acute pancreatitis is indicated by the signs of an acute diffuse peritonitis, and where the progressive worsening of the general condition oblige to surgery. It would be also interesting to mismatch the score of pancreatitis severity with the outcome of the surgical treatment. Do you think that an early surgical decision can allow better results?



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 32075

Title: Mortality and morbidity in necrotizing pancreatitis managed on principles of step-up approach: 7 year experience from a single surgical unit

Reviewer’s code: 02510721

Reviewer’s country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2016-12-28

Date reviewed: 2017-01-04

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		[Y] No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This manuscript shows the valuable experience of a tertiary referral center on severe acute pancreatitis. The exposition of this clinical-therapeutical experience referred to necrotizing pancreatitis is not well structured and his understanding is somewhat difficult. Moreover there is not a notice about the number of all pancreatitis seen in the same period; the etiology of necrotizing forms is reported only in the table 2. The sections Materials and Methods and Results should be clearly rewritten in more schematic form. The therapeutic choices, the outcomes and the final conclusions are available and according to current experience. The Discussion is extensive and structured but it should have a great number of references (about this topic there are a lot).

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 32075

Title: Mortality and morbidity in necrotizing pancreatitis managed on principles of step-up approach: 7 year experience from a single surgical unit

Reviewer's code: 03648130

Reviewer's country: Spain

Science editor: Fang-Fang Ji

Date sent for review: 2016-12-28

Date reviewed: 2017-01-14

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 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

Reviewer's report of manuscript titled "Mortality and morbidity in necrotizing pancreatitis managed on principles of step-up approach: 7 year experience from a single surgical unit". Dear authors, the issue exposed in your paper is very interesting but the present manuscript has several areas that need to be corrected or completed. I would like to point out certain aspects. I'll refer to the different points following the article outline. **MAJOR COMMENTS:** The main drawback of the work is the comparison between two groups that are not homogeneous (step-up approach vs non step-up approach). From my point of view these two groups are not comparable. The work does not show that they are homogeneous groups. It is evident that the step-up approach group will present better results in terms of morbidity and mortality. This is probably because these patients were less severe than patients in the non-step-up group. Usually less severe patients allow a more conservative treatment. Therefore, if you want to show comparative results between both groups, first, you should demonstrate that the two



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groups are homogeneous. If you can't prove that the two groups are homogeneous, only a descriptive study can be done. MENOR COMMENTS: Abstract (Results): -Image guided PCD. The full term to be replaced by an abbreviation must precede the abbreviation Results: -Indications for interventions were... Are patients treated with symptomatic WON (5 patients) included in this list of indications? If not, they should be added to the list of indications for intervention - The abbreviation PCD is repeated several times without having previously explained its meaning. -The morbidity was seen in the form of bowel obstruction (3 patients), was it a consequence of treatment or evolution of pancreatitis itself? Discussion: -CECT and CTSI. These abbreviations have not been explained previously. -It is difficult to believe that peri-pancreatic necrosis was present in only 3 of your cases. It is known that peri-pancreatic necrosis is more frequent than pancreatic necrosis. In fact, in results, you explain that in 5 patients a symptomatic WON was treated. WON is considered peri-pancreatic necrosis. You should review the concept of peri-pancreatic necrosis. -Why do not you use FNA when there is a clinical suspicion of infection? If you have never used FNA to detect infection, some patients with sterile necrosis may have been operated without the intervention being correctly indicated. Could be the case of the patient with respiratory failure who died after necrosectomy? - Table 2 shows that trans-gastric debridement with internal drainage (cystogastrostomy) was performed in 2 patients, however, in the discussion it is said that you do not use endoscopy in any of your cases.