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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 27322

Title: Pancreatic disorders in inflammatory bowel disease

Reviewer's code: 00070143 Reviewer's country: Turkey Science editor: Fang-Fang Ji

Date sent for review: 2016-05-25 09:48

Date reviewed: 2016-05-25 14:17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Pancreatitis is an important problem in IBD patients. Sometimes it is difficult to differentiate the etiology of pancreatitis (?gg4 AIP or extraintestinal manifestation). Serum IgG4 levels are not always helpful . It is better to add a table for differentianal diagnosis of drug induced, extraintestinal manifestation or AIP . Generally this is well written paper. also meselamine is another rare cause of pancreatitis. If drug induced pancreatitis occurred. These drugs must not use for treatment again.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 27322

Title: Pancreatic disorders in inflammatory bowel disease

Reviewer's code: 00041468 Reviewer's country: Hungary Science editor: Fang-Fang Ji

Date sent for review: 2016-05-25 09:48

Date reviewed: 2016-05-29 19:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[Y] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[Y] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The minireview of Antonini et al. discusses an important aspect of IBD, namely the presence of pancreatitis in IBD patients. The review is well written, however, some points need revision: - in case of drug-induces pancreatitis, it is important to underline that pancreatitis may develop anytime during the treatment not just at the beginning. - in case of asymptomatic hyperenzynemia it is important to mention that in case of absent urinary amylase the source of elevated amylase is the salivary glands (hyperamylasemia, affecting 1-2% of the population). The elevated lipase is a question of debate. Lipase is known to be pancreatitis-specific, but sometimes it can be found elevated without any symptoms. - In the Pathophysiology section, AIP and IBD-associated pancreatitides are confusely presented. The authors should define exactly the diagnostic criteria of type I. and II. autoimmune pancreatitides, from which type II. usually associated with IBD (especially with Crohn's disease), while type I. overlaps several autoimmune disorders, but usually not with IBD. Type I and II. AIP belongs the IgG4-related diseases. Also, IBD-associated pancreatitides must be other than AIP. (like drug-induced, or caused by IBD-associated mesenterial vasculitis. This latter also need discussion). After major revison, I suggest to accept the manuscript for publication.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 27322

Title: Pancreatic disorders in inflammatory bowel disease

Reviewer's code: 00029041 Reviewer's country: Japan Science editor: Fang-Fang Ji

Date sent for review: 2016-05-25 09:48

Date reviewed: 2016-05-31 23:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This review is well-written. Several points should be added. Treatment of pancreatitis should be described, including infliximab for idiopathic pancreatitis with IBD. Pediatric aspects of pancreatitis and anatomical abnormalities of biliary and pancreatic ducts should be added.