

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Urology

**ESPS manuscript NO:** 22344

**Title:** Chylous ascites in laparoscopic renal surgery: Where do we stand?

**Reviewer's code:** 02941488

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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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

Kim and colleagues present a well-written, comprehensive and interesting review on post-surgery chylous ascites in urology. Since I am not a urologist, I can not judge the contents of the review concerning specific issues of urology. Concerning chylous ascites in general, a few points need clarification: - section "etiology and incidence": the different causes of chylous ascites should be given in more detail. In particular, it should be noted that the differential diagnosis is very broad after excluding congenital causes, (surgical) trauma or malignancy. Peritoneal infections causing chylous ascites are rare, but often particular infections. Cirrhosis is another common cause that should be mentioned. If malignancy or (surgical) trauma are the most frequent cause, depends on the fact if a surgical or non-surgical cohort of patients is studied. - section diagnosis: it should be mentioned that chylous ascites is defined by the presence of chylomicrons, which are however difficult to measure, so that triglycerides are usually taken as surrogate parameters. The milky aspect may be misleading if the patient is fasting (in the absence of fat absorption, no triglycerides are transported) or if the ascites is chylous and bloody, which may resemble pus. Sterility is not necessary for the diagnosis of chylous ascites, which may become superinfected. Imaging techniques may indicate the cause of

chylous ascites, but are not adequate to diagnose chylous ascites. These points should be clarified. - to my knowledge, there is no clear evidence that repeated paracentesis confers a substantial risk for iatrogenic infection. If performed right, risk of infection by the procedure itself is very low unless a permanent percutaneous tube is placed. section "prognosis": the statement on success rates of treatment, claiming that studies with 2 or less cases may indicate a high rate of treatment failure due to low numbers, is quite complicated. Perhaps it may be easier to calculate the total success rate for the published cases in table 1. In this table, the success rate for He et al. is given wrongly: instead of 1/1 it must be 0/1. section "conclusion": the conclusion that chylous ascites is a "highly morbid" complication seems exaggerated. - in general: the authors refer several times that chylous ascites may lead to malnutrition and infections. However, they should explain the pathophysiology: chyle is rich in fat, lymphocytes and immunoglobulins, therefore loss of chyle means a loss of nutritional energy and immunocompetence. Thank you for the comprehensive and good review.