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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 29568

Title: Risk factors for mortality in postoperative peritonitis in critically ill patients.

Reviewer's code: 00053888

Reviewer's country: United Kingdom

Science editor: Fang-Fang Ji

Date sent for review: 2016-08-23 13:42

Date reviewed: 2016-08-23 20:52

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 type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting study of patients being admitted to ICU with a post operative surgical complication. The study is retrospective but based on prospective collected data. The authors have demonstrated that the presence of co-morbid conditions, the number of re-operations required and one of three scoring systems predict a poor outcome. It is perhaps a little strange that only 1 of the 3 scoring systems predicts a poor outcome but this might simply be either an effect of numbers or the variation in the patients being studied. None of this is surprising but never the less this is a large study and has put the long held surgical belief into a scientific outcome. This paper is worthy of publication, there is a small amount of editorial work required.

R: No comment.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 29568

Title: Risk factors for mortality in postoperative peritonitis in critically ill patients.

Reviewer's code: 00051373

Reviewer's country: Taiwan

Science editor: Fang-Fang Ji

Date sent for review: 2016-08-23 13:42

Date reviewed: 2016-08-23 22:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input 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 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 type="checkbox"/> No	<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

This retrospective study performed from a prospective data base analysed the risk factor of mortality in 201 patients admitted for POP in a surgical intensive care unit. The current manuscript is written well and easily to understand. I believed that it should be accept for publication without alter.

R: No comment.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 29568

Title: Risk factors for mortality in postoperative peritonitis in critically ill patients.

Reviewer's code: 02551436

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-08-23 13:42

Date reviewed: 2016-09-05 07:45

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> 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 type="checkbox"/> No	<input 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well written paper with a very relevant topic. It is well researched. I strongly recommend this paper.

R: No comment.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 29568

Title: Risk factors for mortality in postoperative peritonitis in critically ill patients.

Reviewer's code: 00505477

Reviewer's country: Israel

Science editor: Fang-Fang Ji

Date sent for review: 2016-08-23 13:42

Date reviewed: 2016-09-08 17:31

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 checked="" 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"/> 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"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

please go over the article and correct the paragrahings and concise the chapters.

R: Yes done.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 29568

Title: Risk factors for mortality in postoperative peritonitis in critically ill patients.

Reviewer's code: 00505493

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2016-08-23 13:42

Date reviewed: 2016-09-26 18:25

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

I read with great interest this paper about an hot topic built on a retrospective analysis of a large database . The aim of the paper is to individualized risk factors for mortality in patients affected by post-operative peritonitis after abdominal surgery . Some considerations must be done ! General considerations : The Authors analyzed , initially, data coming from the ICU charts and they affirm that the study is irrespective of the first surgical procedure . Then they analyzed the quality of the second operation conducted for post- op peritonitis . In this view i observed a large SD in the delay column(tab 2) between first operation and surgical reintervention . In my opinion the Stratification of data is quite lacking because the p- value is not significative but seems evident that a large delay in re-operation could affect the out come ,moreover the clinical experience says that dehiscence of esophago-gastric junction is more difficult to manage compared to colo-rectal dehiscence . So, conceptually, patients are not comparable ! In the introduction Authors affirm that post-operative peritonitis is difficult to diagnose cause low sensibility as of biological parameters just like clinical parameters. But this is a multivariate analysis and any conclusion failed if one of all items , currently considered in the management of sepsis , are not collected and analyzed. For



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istance data regarding PCR , procalcitonin and resepsin are lacking so the paper seems , in my opinion, to result incomplete.

Responses:

R1: First, we apologize for the error of the large SD in the delay column in tab 2. We have corrected it, and the checked the delay between first operation and surgical reintervention, is: 9.9 ± 7.5 days

We have led a stratificatrion of data before running statistical analysis. If we keep only patients with peritonitis whose origin is colorectal surgery or hepato-biliary surgery (n=127 peritonitis), the delay between first operation and re-operation has not significative effect on mortality. Nevertheless, the delay between the admission in ICU (which corresponds to the day of severe sepsis or septic shock occurrence) has a negative impact on outcome: OR 1.10; 95%CI 1.02-1.18.

R2: Yes, oesophago-gastric junction is more difficult to manage compared to colo-rectal dehiscence but this data did not appear as so important in the mortality. Indeed, it doesn't reach significance in the univariate analysis.

R3: Our study has been performed from 2006 to 2011. In this view, data regarding biomarkers at this time was unusual. Moreover, a recent Guidelines for management of intra-abdominal infections (Anaesth Crit Care Pain Med. 2015 Apr;34(2):117-30) confirmed the futility of certain practices notably the use of diagnostic biomarkers.

In concern of this commentary, we have changed the sentence about low sensibility of clinical and biological parameters: "Despite clinical, biological and radiological tools, the diagnosis of POP in the postoperative period remains challenging and the surgical source control is not always easy to perform in recently operated abdomens [8-10]."