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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 7150

Title: Pancreatitis - Imaging Approach (resubmission of the manuscript)

Reviewer code: 02545029

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-06 17:15

Date reviewed: 2013-12-12 05:04

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The manuscript by Busireddy et al. provides a broad but also detailed overview of the imaging characteristics of pancreatitis including acute and chronic pancreatitis, autoimmune pancreatitis, hereditary pancreatitis, pancreatitis-associated complications such as peripancreatic collections and pancreatic pseudocysts. They concentrated their review on the discussion of the role of contrast-enhanced computer tomography (CECT) and magnetic resonance imaging (MRI), and briefly discussed the advantages and disadvantages of these two imaging modalities for each imaging disorder. Furthermore, they provided high-quality images related to each of these disorders, which represent in part classical manifestations of the discussed disorders. Overall, the manuscript can be regarded as an encyclopedic overview and in part reiterates several already known aspects of pancreatic imaging. However, the systematic approach, and the summary of several imaging aspects of pancreatitis are its strengths. Related to this manuscript, I have the following comments: 1) Reading the review, the reader gets the impression that MRI imaging offers some significant advantages over CECT in the diagnostic workup of pancreatitis. However, as the authors know, MRI is worldwide not the preferred approach in the initial diagnostic workup of pancreatitis and is often replaced by CECT throughout the monitoring of the disease. How would the authors comment on this aspect? What are the factors that make CECT the more frequently applied imaging approach in pancreatitis? The authors refer to few factors in the "Summary" section, but did not discuss these aspects in detail. 2) One imaging modality that can offer unique local resolution in the diagnostic workup of pancreatitis is endoscopic ultrasound (EUS). In such a review on imaging in pancreatitis, EUS must be mentioned and discussed in sufficient detail. 3) The authors have made the remarkable effort to address the diagnostic difficulty related to distinguishing chronic pancreatitis from



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pancreatic cancer. Did they consider addressing the role of PET/PET-CT in this section? 4) In patients with acute necrotizing pancreatitis with complications (e.g. peripancreatic fluid collections), imaging serves to monitor the course of the disease and complications. Can the authors make recommendations toward which imaging modality to use at which stage of the disease? 5) The images that the authors provided are classical examples of the discussed diseases or complications. Is it possible for the authors to depict more unique cases that may be of greater interest to the professional radiological reader?



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ESPS Peer-review Report

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Reviewer code: 02822995

Science editor: Zhai, Huan-Huan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Dr. Semelka and colleagues have submitted a well-written and organized manuscript summarizing current imaging for acute and chronic pancreatitis. The authors review the updated Atlanta classification system for acute pancreatitis, provide 21 excellent figures, and include numerous current and classic references. The manuscript should be considered for publication without revision.