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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 16110

**Title:** Impaired glucose tolerance in acute pancreatitis

**Reviewer's code:** 00030987

**Reviewer's country:** Italy

**Science editor:** Jing Yu

**Date sent for review:** 2014-12-27 15:36

**Date reviewed:** 2014-12-30 14:37

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 checked="" 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 checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Manuscript well written and organized. Very interesting topic and present. Exhaustive list of references. Tables comprehensive and understandable. Figures exhaustive.



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 16110

**Title:** Impaired glucose tolerance in acute pancreatitis

**Reviewer’s code:** 00186066

**Reviewer’s country:** India

**Science editor:** Jing Yu

**Date sent for review:** 2014-12-27 15:36

**Date reviewed:** 2015-01-09 22:40

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 type="checkbox"/> Minor revision
		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**

The authors have addressed a clinically very pertinent issue of the relationship of DM and acute pancreatitis (AP). Then have initiated with a review on the relationship, followed by the results of a nation wide survey of the relationship between pre-existing DM and AP. Part of the data from this study was published earlier. The study has been well conducted and manuscript well-written. However, there are few concerns that the authors need to address.

1. Diabetic patients are prone to have hypertriglycerdemia. What was the TG levels like in the two group of patients? Putting this into analyses could provide important inputs .
2. As the authors have discussed in the review, different medication for DM may have an impact on the course of AP. Authors need to perform analysis on the type of antidiabetic medicines, number of drugs and poor glycemic control status on the course of their patients from the nationwide survey.
3. Higher age is a known risk factor. Age adjusted mortality was more in pt >70yrs. Multivariate analyses needs to be done including age and other risk factor including diabetic status to identify independent risk factors.