

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_76989
Title of the Manuscript:	A Case Report On Acute Necrotizing Pancreatitis
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>I think that the manuscript is well organized and professionally written. English is good. In addition to the suggestions I make, I think that the paper should be accepted for publication. Authors briefly and specifically explain the clinical picture of patients with acute necrotizing pancreatitis in the introductory part of their work.</p>	
Minor REVISION comments	<p>List the advantages of computed tomography, such as enabling the display of enlarged, diagnosing pancreatic necrosis, formed pseudocysts and blood vessel thrombosis.</p> <p>Limitations in the diagnosis of acute necrotizing pancreatitis by computed tomography are the impossibility of applying intravenous contrast in patients allergic to iodine if the procedure is repeated several times during the patient's hospitalization and exposure to higher doses of radiation.</p> <p>Consult the following manuscript: Ortiz Morales CM, Girela Baena EL, Olalla Munoz JR, Parlorio de Andrés E, López Corbalán JA. Radiología de la pancreatitis aguda hoy: clasificación de Atlanta y papel actual de la imagen en su diagnóstico y tratamiento. Radiología. 2019; 61:453-466 Enter in the list of references!</p> <p>Authors should point out that in the early phase of acute necrotizing pancreatitis, the first 48 hours of computed tomography examination are justified only if the clinical picture of the patient is unclear if complications such as intestinal ischemia or perforation are suspected, so emergency laparotomy is necessary. In the latest phase of acute necrotizing pancreatitis, one week after the onset of the disease, computed tomography examination is performed if local complications are suspected in hypovolemic shock and organ dysfunction.</p> <p>Consult the following manuscript: Leppäniemi A, Tolonen M, Tarasconi A, et al. 2019 WSES guidelines for the management of severe acute pancreatitis. World J Emerg Surg. 2019;14:27. doi:10.1186/s13017-019-02470 Enter it in the list of references!</p>	
Optional/General comments	<p>Comment on the prevalence and incidence of this disease. As authors mentioned, these patients are characterized by intense pain. It should be noted that pain, as the main symptom of acute necrotizing pancreatitis, is most often located in the epigastrium and usually occurs 6-10 hours after a large fatty meal or excessive alcohol consumption.</p>	

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	<p>Note that the pain first appears between the navel and the xiphoid extension, while in the later phase of the disease, the pain moves to the left upper quadrant and to the back. In that case, the skin is pale, sweaty, and the body temperature is usually normal or elevated to 38 degrees Celsius. Jaundice is more common in pancreatitis of biliary etiology. One of the also important symptoms, which was characteristic for your patient, is bloating with painful sensitivity to palpation in the epigastrium.</p> <p>It is also important to note that in patients with interstitial pancreatitis, the symptoms usually subside during the first 4 days. After the first week of treatment, the patient feels well and usually has no significant problems. Consult the following manuscript: Florina-Alexandra Cofaru et al. Assessment of severity of acute pancreatitis over time. Rom J Intern Med. 2020; 58(2): 47–54. DOI: 10.2478/rjim-2020-0003</p> <p>Authors should point out that in the more severe form of the disease, for which pancreatic necrosis is typical, more serious symptoms appear, such as dyspnea, tachycardia, cyanosis, blood clotting disorders with the appearance of bluish spots as a sign of bleeding around the navel and lumbar region.</p> <p>It is known that in the most critical situations, disorders of consciousness are often observed. In necrotizing pancreatitis, there is no recovery after the first week of the disease, but there are signs of sepsis, fever, toxemia and multi-organic insufficiency.</p> <p>What about intestinal peristalsis? Is it scarce or not heard at all? Also state what was the case with your patient!</p> <p>Authors could point out that the clinical pictures of interstitial edematous pancreatitis and acute necrotizing pancreatitis at the beginning of the disease are very similar, but they change significantly as the disease progresses. Mortality in necrotizing pancreatitis is much higher.</p> <p>As was the case in your work, computed tomography examination is used as the gold standard for the diagnosis of acute necrotizing pancreatitis. State the protocol of computed tomography of the abdomen in the diagnosis of acute pancreatitis in the shortest lines, e.g. emphasizing the examination of the patient in non-contrast series, where calcified concretions in the gallbladder can be visualized, as well as in the ductus choledochus and in post-contrast series where the pancreatic parenchyma is evaluated. Consult the following manuscript: Kim J, Ko J, Yoon H, Kim H, Hwang J, Eom K, Kim J . Clinical and imaging findings of walled-off pancreatic necrosis misdiagnosed as an intra-abdominal neoplasia in a Schnauzer dog: A case report. Vet Med-Czech. 2021; 66: 32–39 Enter in the list of references!</p> <p>Additional I ask the authors to point out on the magnetic resonance imaging of acute necrotizing pancreatitis.</p> <p><u>Comment in the following sense:</u> Diagnosis of acute necrotizing pancreas by magnetic resonance imaging is also important and represents a non-invasive diagnostic procedure.</p> <p>In patients who are allergic to iodine contrast, pregnant women and patients with acute renal failure, this is the method of first choice. Magnetic resonance imaging is more sensitive to show</p>	
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	<p>pancreatic necrosis. Timely diagnosis by magnetic resonance imaging is necessary in order to be able to clinically prove whether the patient will transition from the stage of interstitial edematous pancreatitis to necrotic in the first 72 hours after the onset of first symptoms, or whether acute necrotizing pancreatitis will manifest from the beginning. Magnetic resonance imaging allows the display of bile ducts, pancreatic parenchyma and blood vessels.</p> <p>With the aging process there is more fibrous tissue in the pancreas than protein, so the signal intensity on the T1W sequence is lower during magnetic resonance imaging, while in the case of morphologically normal pancreas, the signal intensity on the T1W sequence is higher compared to other intraabdominal organs due to protein in acinar cells of the pancreas which has more than in other organs. In patients with acute necrotizing pancreatitis, an enlarged parenchyma of the pancreas with uneven contours and heterogeneous signal intensity is observed during magnetic resonance imaging of the abdomen.</p> <p>Consult the following manuscript: Brizi MG, Perillo F, Cannone F, Tuzza L, Manfredi R. The role of imaging in acute pancreatitis. <i>Radiol Med.</i> 2021;126(8):1017-1029. doi:10.1007/s11547-021-01359-3 Enter in the list of references!</p> <p><u>Comment treatment of acute necrotizing pancreatitis in the following sense within the introductory part of the paper:</u> You wrote about surgical treatments. Please put that passage in the introductory part of the paper. The goal of treatment is to limit systemic complications, prevent the development of pancreatic necrosis and prevent infection of necrotic tissue. Prevention of acute necrotizing pancreatitis infection caused by gram-positive and gram-negative bacteria is achieved by the use of antibiotics, which penetrate well into the pancreatic tissue, or rarely by decontamination. In patients who develop severe acute pancreatitis, it is necessary to carry out intensive care measures and 24-hour supervision of patients, primarily due to the development of systemic complications. Surgical treatment is applied to the local complication of acute pancreatitis, if despite the conservative treatment measures taken, the patient's clinical condition does not improve within 4-6 weeks. You wrote about surgical treatments. Please put that passage in the introductory part of the paper. Just list in the introductory part of the paper the drugs that are most often used in the treatment of this disease! Consult the following manuscript: Boumitri C, Brown E, Kahaleh M. Necrotizing Pancreatitis: Current Management and Therapies. <i>Clin Endosc.</i> 2017;50(4):357-365. doi:10.5946/ce.2016.152 Enter in the list of references!</p> <p>You should add the author's contribution and acknowledgment to the paper.</p>	
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PART 2:

	<u>Reviewer's comment</u>	<u>Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</u>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in detail</i> <i>It is stated that ethical approval not applicable. The authors wrote that PATIENT CONSENT INFORMATION was taken during the preparation of the case report.</i>	

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