Reviewer’s report

Title: Endoscopic ultrasound criteria to predict the need for intervention in pancreatic necrosis

Version: 1  Date: 13 December 2011

Reviewer: Derek O’Reilly

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Major Compulsory Revisions

Patients:
Contrast-enhanced CT is the gold standard for the diagnosis of pancreatic necrosis (IAP and BSG Guidelines). Give details of CT findings; timing, extent of necrosis and preferably Balthazar score.

Make an explicit statement of the primary end-point, i.e. “the primary end-point was…”

Statistical analysis: explain further or reference the “glm () and lm() functions”.

Results:
Table 1 could be much improved if it was presented as a trial profile, rather than presenting the raw data for each patient.

Although 10 patients are said to reach the end-point, only 9 are accounted for in the text (3 endoscopic, 2 percut., 1 died with lung cancer, 1 with ileus, 2 had surgery = 9)

The timing of EUS is essential, as necrosis is a dynamic process. The number of days from disease onset to EUS should be specified.

Discussion:
The issue of the timing of EUS should be addressed in the discussion, along with other limitations.

The conclusion that clinical presentation or CRP does not define the long-term clinical course is not valid. Your study of 31 patients is not powered to make this conclusion, and this statement should be deleted or qualified.

Minor Essential Revisions

Page 7, 2nd line: add the word “open” before “surgery”.

Page 7: Move the sentence beginning, “Fig 1 shows…” to the Methods section.

P9, lines 7, 8, 9: Use “undrained” not “not drained”, insert “the” before “blood” and “immune”. Line 11: omit “has” before “led”.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'