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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33350

Title: Endoscopic occlusion with silicone spigots for the closure of refractory esophago-bronchiole fistula after esophagectomy

Reviewer's code: 02570866

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-02-09

Date reviewed: 2017-02-11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

Although this case report is interesting, some revisions are needed for further re-consideration to be published. Comments 1. cT1bN0M0 is stage I not stage II. 2. Were the region of the anastomotic leakage and the region of EBF same? 3. Author should consider causation of cause of the gastric tube stenosis and causation of the fistula.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33350

Title: Endoscopic occlusion with silicone spigots for the closure of refractory esophago-bronchiole fistula after esophagectomy

Reviewer's code: 03648442

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-03-01

Date reviewed: 2017-03-19

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 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

The authors showed a new and unique using a guidemoire-assisted endobronchial Watanabe spigot through the esophagus proved useful for closing a refractory esophago-bronchial fistula after esophagectomy. There are some questions in the following: ①In page6 The authors described cT1bN0M0 stage II. However, in UICC, cT1bN0M0 means Stage I a ②The authors indicated the radiographic image before the endoscopic occlusion and the image in Fig.1 and the image three years after the occlusion in Fig.4. Authors should also show the radiographic image just after the endoscopic occlusion. ③The authors showed the endoscopic image before the endoscopic occlusion in Fig.2. Authors should also show the endoscopic image just after the endoscopic occlusion and the endoscopic image passed for a while after occlusion. ④Authors should also show the image of spigots in computed tomography passed for a while after occlusion. ⑤ In conclusion, the authors recommend EWS occlusion as a potential treatment for a refractory EBF after esophagectomy. I agree the conclusion.



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However, is this EWS occlusion method useful for the all cases for esophago-bronchiole(bronchial or tracheal) fistula after esophagectomy? I think maybe not. The author should discuss what size of fistula is it available to ? In a esophago-bronchial or tracheal fistula, the spigot may fall into the airway.