

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39440

Title: Regulating migration of esophageal stents: management using Sengstaken-Blakemore tube

Reviewer's code: 00038617

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-04-30

Review time: 10 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this paper, the authors reported two patients with esophageal perforation or suture failure, in whom a removable, full-covered, self-expandable metallic stent (SEMS) was placed with nasally inserted a Sengstaken-Blakemore tube (SBT) to treat the perforation.

When the stent migration was confirmed, the gastric balloon of the SBT was lifted toward the oral side to correct the stent migration. They concluded that the use of SEMS with SBT was an effective therapy for esophageal perforation or suture failure, and prevented the complete migration to the stomach without endoscopic rearrangement. As the stent migration is critical issue in these cases, this paper is interesting and has a value for clinical practices. The authors should reconsider the following issues. Comments) (1) In introduction section, the authors should write the significance or novelty of this report in last sentence. (2) As the authors wrote in discussion, full-covered SEMS that cross the esophagogastric junction (EGJ) is easy to migrate into the stomach. The novel methods of SEMS with SBT must be useful in this specific situation. The authors should mention about this situation in all parts of this paper. (3) In case report section, the authors should represent the information about size of the stent. (4) It is better for the authors to mention the possibility of adverse effects in this procedure. Are there any matters that require attention during this treatment?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
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- ☐ Plagiarism
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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39440

Title: Regulating migration of esophageal stents: management using Sengstaken-Blakemore tube

Reviewer's code: 00503460

Reviewer's country: Italy

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-19

Date reviewed: 2018-05-05

Review time: 16 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Please mention the literature reports in the table.

INITIAL REVIEW OF THE MANUSCRIPT



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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39440

Title: Regulating migration of esophageal stents: management using Sengstaken-Blakemore tube

Reviewer's code: 03474672

Reviewer's country: Brazil

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-23

Date reviewed: 2018-05-23

Review time: 22 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In the first case the correct approach with an endoscopic treatment or even with a surgical management in the beginning weren't selected and the case wasn't conducted in the best way. Instead, the patient remained with no treatment for two days. Some

information like, if the stent was fully covered or uncovered should have been described in the case report. Plus, more details of endoscopic management for example, the difficulty to progress the STB through the stent, how much the gastric balloon was inflated and why the authors didn't inflate the balloon as soon as it was inserted. More over I couldn't understand how they confirmed the stent migration, by MRI, TC or Rx? It was not clear if the authors used just the RX. Other important management for this case is to clip the perforation. Why wasn't it not possible in this case? This approach should have been described in the discussion since it is one of standard procedures in this kind of case. Another aspect is the focus of the paper was much more about the clinical condition, instead of the endoscopic management. Even with all this information, the attempt to keep the stent is the right position is not possible to be reproductive in a situation where the perforation is in the middle or proximal esophagus would have been a limitation, which the authors omitted in their paper.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39440

Title: Regulating migration of esophageal stents: management using Sengstaken-Blakemore tube

Reviewer's code: 00068388

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-23

Date reviewed: 2018-05-28

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors should slightly emphasize the adaptability of this method, new and important aspects of the study in the Abstract and Conclusion.

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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39440

Title: Regulating migration of esophageal stents: management using Sengstaken-Blakemore tube

Reviewer's code: 02953383

Reviewer's country: Taiwan

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-23

Date reviewed: 2018-05-28

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors reported two cases in which self-expandable metallic stent (SEMS) migrations were managed using Sengstaken-Blakemore tube (SBT). The authors suggest that the use of SEMS and SBT was an effective therapy to prevent stent migration and

regulate the complete migration to the stomach without endoscopic rearrangement of the stent. Generally speaking, the method is novel and the paper is well written. The reviewer only has a few comments. 1. How to maintain the SB tube? The same as that used for treating varices with a heavy subject hanged in the bedside? Should patient be kept in the bed? 2. How to follow up the position of the stent? X-ray frequency? 3. How to monitor the healing of the esophageal perforation and when to remove the stent and SB tube? 4. In the discussion section, what do the authors mean by “nasotracheal tube” in the 2nd and 3rd paragraph?

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