



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

Manuscript NO: 42976

Title: Crohn’s disease of esophagus, stomach and duodenum

Reviewer’s code: 02854555

Reviewer’s country: Spain

Science editor: Jia-Ping Yan

Date sent for review: 2018-11-20

Date reviewed: 2018-11-23

Review time: 2 Hours, 3 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

This is a comprehensive review on Crohn’s disease of the esophagus, stomach and duodenum. The information is presented descriptively, with limited new insights on aspects of diagnosis and treatment. Some of the recommendations on diagnosis are not state-of-the art. The authors may consider the following points: Page 3, last paragraph (A



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cross-sectional study has demonstrated that proximal CD....): add references supporting the statements. Page 4, last paragraph: What does “HED” stand for? Page 7, first paragraph: Is still barium follow-through the recommended diagnostic technique or should it be MRI? Page 9 aminosalicylates are not “activated” but released in the proximal intestine. Page 10, not “stinting” but “stenosing” disease. Page 10, treatment of esophageal CD: would the authors recommend other therapies in those not responding or losing response to anti-TNFs? There is no evidence but a comment may be worth. Page 12: the first choice examination to diagnose a gastrocolic fistula is not a barium enema but MRI. It is very surprising MRI is not even mentioned in any section of the review. Page 12: enanthem??? Do you mean erythema? Page 14: the information of the prevalence of granulomas is repeated in the first two paragraphs. Page 15: What is the meaning of “patients with UA”? Page 17: the paragraph on the influence of H pylori on risk of CD does not belong to the section of histology, not even to this manuscript focused on UGT CD, since it does not contain any specific information on UGT CD. Page 19, first paragraph: use the correct terms for: steroid-free remission, steroid-dependent, steroid-resistant. Page 19: please check the percentages / number of cases reported in the second paragraph Page 19 last line: do you mean length less than 4 cm? Page 20: in the first paragraph the authors should report on the success rate of endoscopic dilatation of UGT strictures. If information is not available this should be mentioned, but extrapolation from intestinal disease is not correct.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

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[Y] No