



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 49005

Title: Eosinophilic esophagitis: Current concepts in diagnosis and treatment

Reviewer's code: 00044980

Reviewer's country: Japan

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-14 23:01

Reviewer performed review: 2019-05-22 15:21

Review time: 7 Days and 16 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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This review article is well written, however, I have a comment as follow. 1. Authors mention about monoclonal antibodies. Please mention the data of each drug in detail.

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 49005

Title: Eosinophilic esophagitis: Current concepts in diagnosis and treatment

Reviewer's code: 00008160

Reviewer's country: Canada

Science editor: Ruo-Yu Ma

Reviewer accepted review: 2019-05-13 12:55

Reviewer performed review: 2019-05-23 15:51

Review time: 10 Days and 2 Hours

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

SPECIFIC COMMENTS TO AUTHORS

The manuscript submitted by Gomez-Aldana and colleagues provides a review of the current management of eosinophilic esophagitis. General Comments: 1. A formal systematic review and meta-analysis, using AGREE II and GRADE criteria (UEG J 2017;5(3):335-358), would provide a more rigorous appraisal of the relevant literature.



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Specific Comments: 1. Abstract: in contrast to the assertion of the authors, dysphagia is much more common in eosinophilic esophagitis than it is a manifestation of underlying peptic esophagitis and esophageal dysmotility due to gastroesophageal reflux disease. 2. Introduction: higher incidence and prevalence rates of pediatric eosinophilic esophagitis were recently reported in a population-based study conducted in the western United States (Clin Gastroenterol Hepatol 2019;17:107-114). 3. Pathophysiology, Immunogenetic factors: the low sensitivity of IgG4 immunostaining of esophageal biopsies in establishing a diagnosis of eosinophilic esophagitis should be noted (JPGN 2019;68:689-694). 4. Diagnosis: ACG guidelines (reference number 33 cited by the authors) could be complemented by considering and citing more current published experiences (JPGN 2019;68:552-558) clinical practice guidelines. 5. Diagnosis: the accuracy of an endoscopic reference score based on five endoscopic findings should be considered (Clin Gastroenterol Hepatol 2018;16:1056-1063). Trachealization of the esophagus in the setting of eosinophilic esophagitis could be added as an illustration (NEJM 2019;380:177). 6. Diagnosis: the concept of endotypes based on transcriptomic analysis of esophageal biopsies should be addressed (Lancet Gastroenterol Hepatol 2018;3:477-488). 7. Diagnosis: the value of esophageal mucosal impedance in distinguishing eosinophilic esophagitis from erosive esophagitis and normal esophageal mucosa might be considered (Gastroenterology 2019;156:1617-1626). 8. Treatment: reference number 75 cited should be updated to a more current publication by the same group (Clin Gastroenterol Hepatol 2019;17:419-428).

INITIAL REVIEW OF THE MANUSCRIPT

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No