



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 67523

**Title:** Efficacy of aluminum phosphate gel combined with a proton pump inhibitor in preventing early rebleeding after endoscopic variceal ligation in patients with esophageal variceal bleeding

**Reviewer’s code:** 04718369

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Staff Physician

**Reviewer’s Country/Territory:** Spain

**Author’s Country/Territory:** China

**Manuscript submission date:** 2021-04-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-29 16:56

**Reviewer performed review:** 2021-06-30 17:44

**Review time:** 1 Day

|                           |   |
|---------------------------|---|
| <b>Scientific quality</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>   | <input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>         | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer</b>      | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous   |



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Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

Dear authors, Congratulations for your effort in this study, that has gathered a large cohort of patients with variceal bleeding and has demonstrated sound differences in the rebleeding rate in patients under aluminum phosphate gel plus PPI. In my opinion, a major review is needed for considering your paper suitable for being published. Although English is not my mother tongue, I strongly suggest a deep language edition of all the text, starting by the Title. In the third paragraph of the Introduction, ref 12 is about endoscopic, not surgical treatment. Authors should clarify that use of ETAI is mainly for gastric varices, and its use in esophageal varices is marginal. Also, a description of EG varices classification such as Sarin's should be described and used for the rest of the paper (Methods and Results). A mention to similar studies or data about aluminum phosphate gel would improve the Introduction. For Methods section, there is no mention of the use of endoscopy in patients with suspected re-bleeding. Use of B-blocker is named here but not summarized in the Results section. No mention of the use of PPI double dose. For the statistical analysis, a logistic regression to undermine factors associated with rebleeding would enhance the value of the study. Varices size and location following Sarin classification is missing. The results section lacks key data in the description of both groups, such as the varices size, the prevalence of the use of ETAI or banding or the use of B-blockers in both groups. I suggest removing gastric varices patients from the analysis since their number is too small to warrant statistical analysis, and physiology of these varices is sometimes different to esophageal. Also, no mention to endoscopic management of rebleeding. Discussion section misses a briefing of the main results, and paragraphs one and two include information already described in the introduction. Authors should make comments on some important topics not



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covered by this manuscript such as the use of double dose PPI, use of APG in other similar lesions, the role of TIPS, explain why there is the same mortality rate if mortality is enhanced by rebleeding. Limitations such as the absence of endoscopy description in rebleeding, not using a placebo and low PPI dose should be commented on besides the short follow up and the retrospective nature of the study. Kind regards



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**Reviewer’s code:** 00004403

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer’s Country/Territory:** Italy

**Author’s Country/Territory:** China

**Manuscript submission date:** 2021-04-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-28 11:42

**Reviewer performed review:** 2021-07-01 13:19

**Review time:** 3 Days and 1 Hour

|                           |   |
|---------------------------|---|
| <b>Scientific quality</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>   | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
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| <b>Re-review</b>          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>Peer-reviewer</b>      | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous   |



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### **SPECIFIC COMMENTS TO AUTHORS**

The study is interesting and the results favour the use of PPI + antacid against PPI alone. The sample size of the two treatment arms is large, but the retrospective design reduces the clinical meaning of the trial. \_ the Authors should explain more in depth the reasons for which the combination of the two drugs is superior to PPIs alone, which are powerful inhibitors of gastric acid secretion and were used at a dosage higher than those which are usual in Asiatic countries. - In particular, the benefit of the addition of aluminium gel is difficult to understand in esophageal ulcers, because it should adhere to esophageal mucosa and this is not easy to occur - there are some spelling errors throughout the text