

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 43470

Title: Histopathological changes in the oesophageal mucosa in Egyptian children with corrosive strictures: A single-centre vast experience

Reviewer's code: 02549032

Reviewer's country: Greece

Science editor: Ruo-Yu Ma

Date sent for review: 2018-12-21

Date reviewed: 2018-12-24

Review time: 4 Hours, 3 Days

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 type="checkbox"/> Grade B: Very good	<input 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 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

This is an interesting observational study on oesophageal mucosal dysplasia in post corrosive esophageal stricture in children. The authors found esophagitis in the majority of cases and in few cases (2 cases) dysplasia without cancer. The article is interesting for

publication. Some minor issues: 1. The authors included children 6 months to at most 2.6 years post corrosive esophageal stricture. However cancer to develop needs long-term process. So the authors should comment on this. It is too difficult to conclude from this study that cancer is possible on the ground of corrosive esophagitis in short term. 2. There is plagiarism in the discussion. Although interesting to discuss about dilatation on the ground of esophageal stenosis it is not the aim of this study. The authors should concentrate only to the issue which is histopathological findings in esophageal corrosive stricture. 3. The initial biopsies were blind from the stricture while second biopsies on the dysplastic initials were done after lugol staining. What about virtual chromoendoscopy such as NBI in these cases, which does not need biopsy. At least the authors should commented on the discussion on the possibility of NBI magnification for endoscopic real time tissue visualization of esophageal mucosa in case of corrosive esophageal stricture. Of course target biopsies on this case should confirm the existence of dysplasia or not. 4. The authors stated in the discussion: <<the trauma of repeated bougie dilatation may be a promoter in the ultimate development of dysplasia>> However this conclusion cannot be drained from this study. Actually repeated dilatation is needed in severe corrosive strictures and dysplasia may be due to severe stricture and not due to trauma.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 43470

Title: Histopathological changes in the oesophageal mucosa in Egyptian children with corrosive strictures: A single-centre vast experience

Reviewer's code: 03647617

Reviewer's country: Slovakia

Science editor: Ruo-Yu Ma

Date sent for review: 2018-12-18

Date reviewed: 2018-12-25

Review time: 9 Hours, 7 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"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Dear authors, I reviewed your paper titled Histopathological Changes in the Oesophageal Mucosa in Egyptian Children with Corrosive Strictures: A Single-Centre Vast Experience. On one hand I am impressed by the huge number of included young

children, but on the other I believe that some sort of preventive program has to be implemented, which, of course does not influence the quality of the paper but it would be appropriate to include in the discussion or future plans. I have some questions and proposals how to improve the paper:

- **Methods:** o Did the patients also have an oesophagoscopy soon after the ingestion to assess the mucosa in the first 24 h after ingestion with the grading of caustic injury? If they did, than please, add these data to the protocol and results sections.
- o Did both pathologists review all the histological samples and did you compare the reproducibility of the histopathological evaluation? If they just evaluated a part of histology specimens, than just clarify, in not, please, add the data on repeatability to the results section.
- o Was statistical software version 20 or 23?
- **Results:** o Many children after caustic ingestion and oesophageal stenosis in your study were underweight or stunted. Beside the bouginage of stenosis, were there any other actions taken to restore their weight gain and growth? For e.g. nasogastric tube feeding, enteral nutrition support or surgery (interposition of large or small bowel) to restore oesophageal function?
- **Discussion:** o The age of patients at the time of ingestion was very low. Are there any plans for preventive actions to educate parents to lower the incidence of ingestions in children?
- o The rate of dysplasia was low. How do you propose to approach these patients, when to do the first biopsy or chromoendoscopy and how to follow-up the patients with dysplasia during the childhood and afterwards when they reach the adult age?
- **Suggestion for further research** o I hope that you will be able to follow this cohort of patients further (e.g. every 5 years) and to publish the results.
- **References:** o Have to be written according to the WJG instructions and uniformly for all references.
- **Others:** o Some punctuation corrections throughout the text have to be made. The paper is very interesting for paediatric and also adult gastroenterologists, therefore I believe that the revised version will be suitable for the publication in WJG.

Yours sincerely, Reviewer



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