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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52110

Title: Novel syndrome of two cases of bizarre performance of endoscopy due to toxic encephalopathy among 181,767 endoscopies in a 13-year-university hospital review: Endoscopists, first do no harm!

Reviewer's code: 00188995
Position: Editorial Board
Academic degree: MD
Professional title: Professor
Reviewer's country: India
Author's country: United States

Manuscript submission date: 2019-10-16
Reviewer chosen by: AI Technique
Reviewer accepted review: 2019-10-17 10:43
Reviewer performed review: 2019-10-19 04:48
Review time: 1 Day and 18 Hours

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[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced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

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[Y] No

SPECIFIC COMMENTS TO AUTHORS from reviewer 00188995

This is an interesting report of two cases. However this situation has implication not only on endoscopy but for any medical procedure or consultation or any other activity such as driving which can be affected by cognitive impairment. This point should be mentioned in the discussion. The paper is too long. The detailed description of patient evaluation and management does not add too much to the message the author wants to convey. The length of case description needs to be reduced.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

[ ] No

BPG Search:

[ ] The same title

[ ] Duplicate publication

[ ] Plagiarism

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[ ] No

The author thanks the reviewer's careful review of the manuscript. Revisions in response to reviewer 00188995 include:

REVIEWER 00188995'S FIRST COMMENT: However this situation has implication not only on endoscopy but for any medical procedure or consultation or any other activity such as driving which can be affected by cognitive impairment. This point should be mentioned in the discussion.

Author's response: As recommended, the following section has been added in the Discussion on page 9.

Toxic encephalopathy can affect the cognitive behavior of any physician in any specialty or subspecialty performing a medical, surgical, or other specialty consult; can affect the technical performance of procedures or surgery by physicians in any medical, surgical, or other specialty, such as cardiac catheterization, interventional angiography, or intestinal surgery, as illustrated for gastrointestinal endoscopy. Moreover, toxic encephalopathy can affect other activities, such as driving a car or operating heavy machinery, due to cognitive impairment. Individuals impaired by toxic encephalopathy should refrain from these activities, and their supervisors should intervene appropriately, if necessary.

REPONSE TO REVIEWER'S SECOND COMMENT: The paper is too long. The detailed description of patient evaluation and management does not add too much to the message the author wants to convey. The length of the case description needs to be reduced

1. Abstract page 2, Methods.

Changed to:

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Two bizarre endoscopies

Changed from:

The two bizarre endoscopies

2. Page 5. Top third. Introduction.

CHANGED TO:

medical causes of transient impairment; recommends chain-of-command to manage medical crises; and emphasizes the need to immediately abort endoscopy to prevent iatrogenic patient injury (fulfilling ethical imperative of Hippocratic Oath, "Physician, first do no harm!" [1]).

CHANGE FROM:

medical causes of transient impairment; and recommends chain-of-command to manage medical crises, and emphasizes the need to immediately abort endoscopy to prevent iatrogenic patient injury(fulfilling ethical imperative of Hippocratic Oath, "Physician, first do no harm")[1] .

2. Methods page 5, first line.

CHANGED TO:

Methods:

Dr. Cappell prospectively intervened administratively

CHANGED FROM:

Methods:

Dr. Cappell was prospectively involved administratively

3. Methods page 5, Bottom third of page.

CHANGED TO:

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reveal any more aborted endoscopies

CHANGED FROM:

reveal any further aborted endoscopies

4. Methods page 5, Near Bottom of page.

CHANGED TO:

professional experience as senior GI administrator (1995-2019) at the following five teaching hospitals, with medical residencies and GI fellowships: Maimonides Hospital, Brooklyn NY; Woodhull Hospital, Brooklyn, NY; Saint Barnabus Hospital, Bronx, NY; Albert Einstein Hospital, Philadelphia, PA; and William Beaumont Hospital, Royal Oak, MI.

CHANGED FROM:

professional experience as a senior GI administrator (1995-2019) at five institutions: Maimonides Hospital, Brooklyn NY; Woodhull Hospital, Brooklyn, NY; Saint Barnabus Hospital, Bronx, NY; Albert Einstein Hospital, Philadelphia, PA; and William Beaumont Hospital, Royal Oak, MI; one of the largest hospitals in the United States. All these hospitals are teaching hospitals with medical residencies and GI fellowships.

5. Page 6, Top line

CHANGED TO:

were reviewed

CHANGED FROM:

were carefully reviewed

6. Page 6, line 4.

CHANGED TO:

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paged stat by endoscopy-unit-nurse-administrator

CHANGED FROM:

paged stat by the endoscopy-unit-nurse-administrator

7. Page 6, line 8.

CHANGED TO:

Endoscopy nurse recognized this behavior as bizarre and immediately notified endoscopy-unit-nurse-administrator.

CHANGED FROM:

The endoscopy nurse recognized this behavior as bizarre and immediately notified the endoscopy-unit-nurse-administrator.

8. Page 6. Middle.

CHANGED TO:

The summoned Chief-of-GI noted the endscopist

CHANGED FROM:

The summoned Chief-of-GI determined the endscopist

9. Page 6. Middle. Case report-1

CHANGED TO:

and go to emergency room (ER) for medical evaluation.

CHANGED FROM:

and go to emergency room for medical evaluation.

10. Page 6. Middle.

CHANGED TO:

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accompanied the impaired endoscopist to ER.

CHANGED FROM:

accompanied the impaired endoscopist to emergency room for medical evaluation. The patient, after awakening from the incident EGD, was told of the EGD incident, and advised to call the office of the impaired endoscopist in two days to further discuss his condition.

11. Case Report-1, Page 6, Middle.

CHANGED TO:

He had chronic, benign, prostatic hypertrophy.

CHANGED FROM:

The impaired endoscopist had chronic, benign, prostatic hypertrophy, and was taking atorvastatin 40 mg daily for hyperlipidemia.

12. Case Report-1, Page 6. Bottom third.

CHANGED TO:

clutching his left lower abdominal quadrant while walking several steps to a waiting wheelchair.

CHANGED FROM:

clutching his left lower abdominal quadrant while walking a few short steps to a waiting wheelchair.

13. Page 6, 5 lines from bottom.

CHANGED TO:

without induration.

CHANGED FROM:

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without focal induration.

14. Page 6, three lines from Bottom of page.

CHANGED TO:

Formal neurologic examination by a neurologist detected no other neurological abnormalities.

CHANGED FROM:

Sensory perception and motor strength were intact. Cranial nerves II-XII were grossly intact. Asterixis was not present.

15. Page 6, Bottom line.

CHANGED TO:

Hemoglobin was within normal limits.

CHANGED FROM:

The hemoglobin and platelet count were within normal limits.

16. Page 7. Top of Page.

CHANGED TO:

Levels of routine serum electrolytes, random serum glucose, basic metabolic panel, lactic acid, and routine thyroid function tests were within normal limits. An electrocardiogram (EKG) and serial troponin levels showed no cardiac ischemia or cardiac arrhythmias. Blood alcohol level and urine screen for 8 commonly abused drugs were negative.

CHANGE FROM:

An electrocardiogram (EKG) showed normal sinus rhythm, without ischemic changes. Troponin level was 0.03 ng/ml (normal 0.00-0.05 ng/ml). Routine serum electrolytes

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and basic metabolic panel levels were within normal limits. Random serum glucose was 121 mg/dL (normal 60-139mmg/dL). Hemoglobin A1C was 5.9% (normal 4.0-5.6%, reported level suggests pre-diabetes). Lactic acid level was 1.5 nmol/L (normal 0.5-2.2 nmol/L). Thyroid stimulating hormone was within normal limits. A blood alcohol level was <10 mg/dL (normal: <10 mg/dL0. A urine screen for 8 commonly abused drugs was negative.

17. Page 7. Top third.

CHANGED TO:

Blood urea nitrogen (BUN) level was 19 mg/dL (normal 8-22 mg/dL), and creatinine was 2.01 mg/dl (normal .60-1.40 mg/dL). Abdomino-pelvic CT revealed moderate left-sided hydroureteronephrosis with mild left perinephric stranding, related to a 5.5-mm-wide-radioopaque-stone obstructing the left-mid-ureter (Figure 1A,B), and an extremely enlarged prostate protruding into the bladder (Figure-1-C). Urinalysis revealed ketonuria (from early starvation ketosis), and microscopic hematuria (from kidney stone). Head computerized tomography (CT), and brain magnetic resonance angiography (MRA) showed unremarkable cerebral anatomy and cerebral vessels, respectively.

CHANGED FROM:

Blood urea nitrogen (BUN) level was 19 mg/dL (normal 8-22 mg/dL), and creatinine was 2.01 mg/dl (normal .60-1.40 mg/dL). Urinalysis revealed 40 mg/dL of ketones (normal: 0 mg/dL), trace blood (normal: no blood), 155 mg/dL of proteinuria (normal: no proteins) 1+ leukocyte esterase (normal negative), specific gravity of 1.020 (specific gravity >1.015 indicates relative hypovolemia) and 3-5 hyaline cast per low power field (normal: 0-2 hyaline casts per low power field, elevated level may indicate dehydration). Urine culture of a voided specimen revealed contaminated perineal flora. Chest roentgenogram revealed no acute process. Head computerized tomography (CT)

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performed without IV contrast (contrast not administered because of elevated serum creatinine) was unremarkable. Brain magnetic resonance angiography (MRA) performed without IV gadolinium contrast (contrast was not administered because of elevated serum creatinine) showed unremarkable cerebral vessels. Abdomino-pelvic CT performed without IV contrast (contrast not administered because of elevated serum creatinine) revealed moderate left-sided, hydroureteronephrosis with mild left perinephric stranding, related to a 5.5-mm-wide-radioopaque-stone obstructing the left-mid-ureter (Figure 1A,B). An extremely large prostate gland protruding into the bladder (Figure-1-C).

18. Page 7, Bottom.

CHANGED TO:

He was discharged 1 day later after the creatinine level declined to 1.8 mg/dL, to receive oral trimethoprim/sulfamethoxazole for 5 days as an outpatient. At repeat cystourethroscopy 10 days later his left urethral stone was extracted via basket. His serum creatinine and BUN rapidly normalized. Chemical analysis revealed a calcium oxalate monohydrate and dehydrate kidney stone. The endoscopist resumed seeing patients and performing endoscopy 10 days later, with no neurologic sequelae.

CHANGED FROM:

The creatinine level declined to 1.8 mg/dL one day later, and the patient was discharged 1 day thereafter to receive trimethoprim 800 mg/sulfamethoxazole 160 mg twice daily orally for 5 days as an outpatient. Blood cultures showed no growth at 5 days. Patient was readmitted 10 days later and underwent repeat cystourethroscopy, left retrograde pyelogram, successful left urethral stone extraction via basket, and stent replacement. At discharge 1 day later the serum creatinine was 1.36 mg/dL, and BUN was 9 mg/dL. Chemical analysis revealed the extracted stone was composed of calcium monohydrate

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and dihydrate. The endoscopist resumed seeing patients and performing GI endoscopy 10 days later with no neurologic sequelae or subsequent similar incidents.

19. Second case report. Page 8, near Top.

CHANGED TO:

when he had actually intubated gastric antrum

CHANGED FROM:

when he was actually intubated in gastric antrum

20. Page 8. Middle.

CHANGED TO:

before EGD

CHANGED FROM:

before the EGD

21. Page 8. Middle.

CHANGED TO:

two purported "motrin" pills of unknown dosage donated by an unidentified stranger

CHANGED FROM:

two alleged pills of "motrin" offered by an unidentified passerby who responded to his request for motrin for his back pain.

22. Page 8. Middle.

CHANGED TO:

He soon became dizzy, and disoriented.

CHANGED FROM:

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He went to buy a coffee to drink in the hospital cafeteria, but felt dizzy, disoriented and returned with difficulty to the endoscopy unit.

23. Page 8. Bottom third.
Changed to:
and oriented to place and person but not time,
Changed from:
and oriented to place and person but not time, and had a flushed face,

24. Page 8. Bottom third.
CHANGED TO:
The endoscopist complied.
CHANGED FROM:
The endoscopist complied. The patient after awakening from the incident EGD was told of the EGD incident, and advised to call the impaired endoscopist's office in two days to discuss her condition.

25. Page 8. Bottom third.
CHANGED TO:
the impaired endoscopist to the ER.
CHANGED FROM:
the impaired endoscopist to the emergency room for medical evaluation.

26. Page 8. Bottom.
CHANGED TO:
This endoscopist

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CHANGED FROM:

The impaired endoscopist

27. Page 8. Bottom.

CHANGED TO:

Past medical history revealed chronic back pain for which he took motrin 200 mg orally, three times daily; and mild anxiety occasionally requiring diazepam, 5 mg orally, as needed.

CHANGED FROM:

Past medical history revealed occasional rectal bleeding with recent colonoscopy showing only internal hemorrhoids, allergic rhinitis for which he occasionally took budesonide spray 2 puffs per nostril, occasional back pain for which he intermittently took motrin 200 mg orally, three times daily as needed, and mild anxiety for which he occasionally took diazepam, 5 mg orally, as needed.

28. Page 9, top.

CHANGED TO:

He was alert, oriented to time, place, and person, and not anymore confused. Formal neurologic examination by a neurologist revealed no neurologic abnormalities.

CHANGED FROM:

He was alert, oriented to time, place, and person, and not anymore confused. Sensory perception and motor strength were intact. His finger-to-nose test was normal bilaterally. He had no ataxia or asterixis. His coordination was intact.

29. Page 9, Top.

CHANGED TO:

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Blood alcohol level and urine screen for 8 commonly abused drugs were negative.

CHANGED FROM:

A urine screen for seven commonly abused drugs was negative. Blood alcohol level was <10 mg/dL.

30. Page 9, Top third.

CHANGED TO:

EKG and serial troponin levels showed no cardiac ischemia or cardiac arrhythmias.

CHANGED FROM:

EKG showed normal sinus rhythm without ischemic changes. Troponin level was within normal limits.

31. Page 9, Middle.

CHANGED TO:

Head CT and brain MRA with IV contrast revealed no abnormalities.

CHANGED FROM:

Head CT with IV contrast showed no focal lesions or stroke. Brain MRA with IV gadolinium showed unremarkable cerebral vessels.

32. Page 9, Middle.

CHANGED TO:

while asymptomatic.

CHANGED FROM:

while feeling asymptomatic.

33. Page 9. Middle.

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CHANGED TO:

with no neurologic sequelae.

CHANGED FROM:

with no neurologic sequelae or further similar incidents.

34. Page 9, Middle. Discussion.

CHANGED TO:

are generally healthy

CHANGED FROM:

are generally in good health

35. Page 9. Middle. Discussion,

CHANGED TO:

because GIs performing endoscopy

CHANGED FROM:

because GIs who perform endoscopy

36. Page 9. Lower Third.

CHANGED TO:

comprises a large part of their workday

CHANGED FROM:

comprises such a large part of their workday

37. Page 9. Bottom third.

CHANGED TO:

first manifested abruptly as bizarre endoscopic interpretation and technique at endoscopy.

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CHANGED FROM:

first manifested abruptly during endoscopy as bizarre endoscopic interpretation and technique.

38. Page 9. Bottom third.

CHANGED TO:

Third, in both cases endoscopy nurses detected this impairment. Endoscopy nurses are highly trained, highly focused on the endoscopy, and can directly view endoscopic technique and findings by video-monitor to detect aberrant cognitive and technical behavior by endoscopists.

CHANGED FROM:

Third, in both cases endoscopy nurses (rather than endoscopy technicians or nurse-anesthetists who were also present in the endoscopy) first detected this impairment. Endoscopy nurses are highly trained. They can directly view endoscopic findings by video-monitor and detect aberrant cognitive and technical behavior by endoscopists. Nurses are much more highly focused on the endoscopy than nurse anesthetists who concentrate on their anesthesiologic video-monitors and patient's vital signs.

39. Page 9. Bottom

CHANGED TO:

Both nurses recognizing bizarre behavior

CHANGED FROM:

Both nurses recognizing the bizarre behavior

40. Page 9. Bottom.

CHANGED TO:

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Fourth, in both cases the change-in-mental-status

CHANGED FROM:

Fourth, the change-in-mental-status in both cases

41. Page 9. Bottom.

CHANGED TO:

from kidney stone impacted

CHANGED FROM:

caused by kidney stone impacted

42. Page 10, Top.

CHANGED TO:

two putative "motrin" pills given by a stranger

CHANGED FROM:

two alleged "motrin" pills given by a passerby

43. Page 10, Top.

CHANGED TO:

that the putative "motrin" pills

CHANGED FROM:

that the alleged "motrin" pills

44. Page 10. Top.

CHANGED TO:

that the pill

CHANGED FROM:

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that the administered pill

45. Page 10. Top quarter.

CHANGED TO:

but a neuropsychiatric drug which could have been

CHANGED FROM:

but a drug with neuropsychiatric side effects which could have been

46. Page 10. Top third.

CHANGED TO:

Change-in-mental status

CHANGED FROM:

The change-in-mental status

47. Page 10. Top Third.

CHANGED TO:

because this endoscopist had previously taken motrin frequently

CHANGED FROM:

because the patient had previously frequently taken motrin

48. Page 10. Middle third.

CHANGED TO:

The following five reported administrative actions are recommended to manage the crises

CHANGED FROM:

The following five administrative actions taken in both cases to manage the crises, are proposed as general recommendations

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49. Page 10. Middle.

CHANGED TO:

such incidents as medical emergencies

CHANGED FROM:

such incidents represent medical emergencies

50. Page10, Bottom third.

CHANGED TO:

for a hat due to visual agnosia.[3]

CHANGED FROM:

for a hat due to visual agnosia.[3] Risk of perforation may be greater in colonoscopy or endoscopic retrograde cholangiography (ERCP) than in EGD because of greater technical difficulty.

51. Page 10. Bottom.

CHANGED TO:

for crisis management: endoscopy nurse to

CHANGED FROM:

for crisis management: from endoscopy nurse to

52. Page 10. Bottom.

CHANGED TO:

This avoids endoscopy nurses awkwardly confronting endoscopists

CHANGED FROM:

This avoids endoscopy nurses awkwardly directly confronting endoscopists

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53. Page 10. Bottom.

CHANGED TO:

peer of impaired endoscopists,

CHANGED FROM:

peer of the impaired endoscopists,

54. Page 10. Bottom.

CHANGED TO:

and responded immediately as required for an emergency.

CHANGED FROM:

and came immediately to the endoscopy unit as is reasonable for an emergency.

55. Page 11. Top.

CHANGED TO:

to go to ER as recommended for diagnosis and treatment of acute-change-in-mental-status.

CHANGED FROM:

to go to emergency room for diagnosis and treatment, as per standard practice for patients with acute-change-in-mental-status.

56. Page 11. Top.

CHANGED TO:

The following two optional recommendations are proposed

CHANGED FROM:

The following two proposed recommendations are reasonable but optional

57. Page 11. Top third.

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CHANGED TO:

To demonstrate professional camaraderie and facilitate ER evaluation.

CHANGED FROM:

To demonstrate professional camaraderie, patient concern, and facilitate ER evaluation.

58. Page 11. Top third.

CHANGED TO:

Second, with patient consent, a urine screen for commonly abused drugs and a blood alcohol level should be determined

CHANGED FROM:

Second, a urine screen for commonly abused drugs and a blood alcohol level should be determined, with the patient consent

59. Page 11. Middle.

CHANGED TO:

especially from alcoholism or drug dependency

CHANGED FROM:

especially due to alcoholism or drug dependency

60. Page 11. Middle.

CHANGED TO:

However, in both cases the author, as Chief-of GI, prospectively investigated and managed the work-up of the impaired endoscopists

CHANGED FROM:

However, the author was prospectively administratively in both cases as Chief-of GI to investigate and manage the work-up of impaired endoscopists

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61. Page 11. Middle.

CHANGED TO:

Second, the author cannot exclude missed cases of this syndrome during the study period, but such cases seem unlikely because this syndrome is so conspicuous.

CHANGED FROM:

Second, the author cannot exclude other occurrences of this syndrome during the study period that were missed but such occurrences seem unlikely because this syndrome is so conspicuous

62. Page 11. Bottom.

CHANGED TO:

even though all reported syndromic features are biologically reasonable.

CHANGED FROM:

even though all reported syndromic features are biologically reasonable, as aforementioned.

63. Page 11. Bottom.

CHANGED TO:

are based on expert opinion by one GI, which might be subject to individual bias.

CHANGED FROM:

are based on expert opinion by one GI, which might be subject to individual bias, especially regarding suggestions to identify, characterize, and administratively deal with such incidents.

64. Page 11, Bottom.

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CHANGED TO:

Fourth, the this syndrome cannot be reliably characterized

CHANGED FROM:

Fourth, the paramount limitation is this syndrome cannot be reliably characterized

65. Page 11. Bottom.

CHANGED TO:

CONCLUSION: Two novel cases are reported of acute-change-in-mental-status manifesting as bizarre endoscopic interpretation and technique from toxic encephalopathy.

CHANGED FROM:

CONCLUSION: In conclusion, two novel cases of acute-change-in-mental-status manifesting as bizarre endoscopic interpretation and technique from toxic encephalopathy are reported.

66. Page 11. Bottom.

CHANGED TO:

Such incidents

CHANGED FROM:

This incident

67. Page 11. Bottom.

CHANGED TO:

because impaired endoscopists could cause iatrogenic injury (e.g., GI perforation).

CHANGED FROM:

because of dangers of iatrogenic injury (e.g., GI perforation) by impaired endoscopists.

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68. Page 14. Figure 1A. Figure Legend.

CHANGED TO:

1A. **Left kidney stone**. Sagittal section of abdomino-pelvic computerized tomograph without IV contrast (not administered due to elevated creatinine) performed

CHANGED FROM:

1A. **Left kidney stone**. Sagittal section of abdomino-pelvic computerized tomograph without IV contrast (contrast not administered due to elevated creatinine) performed

69. Page 15. Top. Figure 1B. Figure Legend.

CHANGED TO:

Axial section of the same abdomino-pelvic CT at level of mid-kidneys shows that this stone has caused left ureteral obstruction, left-sided hydroureter, and left–sided hydronephrosis.

CHANGED FROM:

Axial section of the same abdomino-pelvic CT at the level of mid-kidneys shows that this stone has caused left ureteral obstruction with left-sided hydroureter, and left–sided hydronephrosis.

70. Page 15. Top. Figure 1B. Figure Legend.

CHANGED TO:

compared to normal-sized right calyx and right kidney.

CHANGED FROM:

compared to normal-sized right calyx and normal-sized right kidney.

71. Page 15. Bottom. Figure 1C. Figure legend.

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CHANGED TO:

at level of rectum reveals moderately severe diffuse prostatomegaly,

CHANGED FROM:

at level of the rectum shows that the patient has moderately severe diffuse prostatomegaly,

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52110

Title: Novel syndrome of two cases of bizarre performance of endoscopy due to toxic encephalopathy among 181,767 endoscopies in a 13-year-university hospital review: Endoscopists, first do no harm!

Reviewer's code: 03529755
Position: Editorial Board
Academic degree: MD

Professional title: Associate Professor, Doctor

Reviewer's country: Turkey

Author's country: United States

Manuscript submission date: 2019-10-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-10-24 16:07

Reviewer performed review: 2019-11-05 07:18

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SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS

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[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[Y] Accept (General priority)	[ ] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[Y] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

Author presents two interesting cases that have catastrophic complication. Author of the paper is experienced staff in his field. It can be considered for publication as it is. Thank you

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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Revisions in response to reviewer 03529755.

The author thanks this reviewer's careful review of the manuscript. This reviewer's criticisms require no revisions by the author.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52110

Title: Novel syndrome of two cases of bizarre performance of endoscopy due to toxic encephalopathy among 181,767 endoscopies in a 13-year-university hospital review: Endoscopists, first do no harm!

Reviewer's code: 01489500
Position: Editorial Board
Academic degree: FEBG, PhD

Professional title: Director, Doctor

Reviewer's country: Greece

Author's country: United States

Manuscript submission date: 2019-10-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-10-17 07:37

Reviewer performed review: 2019-11-11 17:47

Review time: 25 Days and 10 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS

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[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection	Peer-Review: [Y] Anonymous [ ] Onymous Peer-reviewer's expertise on the topic of the manuscript: [ ] Advanced [Y] General [ ] No expertise Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a well written report of two cases of bizarre behavior of Gastroenterologists during performing endoscopies. This novel toxic encephalopathy due to various reasons is a very rare phenomenon which requires urgent recognition and treatment action. Both incidents were promptly recognized and dealt with in the most appropriate manner. Patients were not harmed and doctors were treated promptly and appropriately.

INITIAL REVIEW OF THE MANUSCRIPT

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[ ] No

Revisions in response to reviewer #01489500.

The author thanks this reviewer's careful review of the manuscript. This reviewer's criticisms require no revisions by the author.

OTHER CHANGES:

Page 1. Title.

CHANGED TO:

Two cases of novel syndrome of bizarre performance of endoscopy due to toxic encephalopathy among 181,767 endoscopies in a 13-year-university hospital review: Endoscopists, first do no harm!

CHANGED FROM:

Novel syndrome of two cases of bizarre performance of endoscopy due to toxic encephalopathy among 181,767 endoscopies in a 13-year-university hospital review: Endoscopists, first do no harm!

FORMAT REQUESTS BY Jennifer C van Velkinburgh, Journal Editor

1. Changed designation of Methods to become a subtitle.

CHANGED TO:

Methods

CHANGED FROM:

Methods

2. Changed Case Report-1 to follow structured format including 7 components.

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3. Changed to follow structured format for end of Case Report-1, as follows:

FINAL DIAGNOSIS Endoscopist confused and disoriented at EGD due to toxic encephalopathy secondary to kidney stone obstructing left ureter, complicated by left-sided hydroureteronephrosis, urosepsis, and dehydration.

TREATMENT He received profuse IV hydration, and IV ceftriaxone 1 gm/day for presumed urosepsis. Cystourethroscopy revealed left, mid-ureteral obstruction from an impacted kidney stone. A J-stent was inserted into left ureter to bypass the ureteral obstruction, and stone removal was deferred. Urine culture obtained from left ureter during cystourethroscopy revealed >10,000 colony-forming-units/ml (normal: <10,000 cfu/ml). He was discharged 1 day later when the creatinine level declined to 1.8 mg/dL, and received trimethoprim/sulfamethoxazole orally for 5 days as an outpatient. At repeat cystourethroscopy 10 days later, the left ureteral stone was successfully extracted via basket.

OUTCOME AND FOLLOW-UP The patient's creatinine and BUN levels rapidly normalized. Chemical analysis revealed a calcium oxalate monohydrate and dehydrate stone. The endoscopist resumed seeing patients and performing GI endoscopy 10 days later with no neurologic sequelae.

4. Changed Case Report-2 to follow structured format including 7 components.

5. Changed to follow structured format for end of Case Report-2, as follows:

FINAL DIAGNOSIS Transient confusion during EGD attributed to brief toxic encephalopathy attributed to potential neuropsychiatric effects of alleged "motrin" pill given by a stranger, exacerbated by dehydration and acute back pain.

TREATMENT Patient was admitted overnight for vigorous hydration and observation.

OUTCOME AND FOLLOW-UP Patient became asymptomatic and was discharged the next morning. He resumed seeing patients and performing endoscopy 3 days after hospital discharge, with no neurologic sequelae.

Please note that the author would be happy to perform further revisions required for publication in

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this prestigious journal. Thank you for your interest in this article.

Warm regards,

Mitchell S. Cappell, author