

## PEER-REVIEW REPORT

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

**Manuscript NO:** 56390

**Title:** Define advantages and expose limitations of endoscopic variceal ligation in controlling acute bleeding and achieving complete variceal eradication

**Reviewer's code:** 00011429

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** South Africa

**Manuscript submission date:** 2020-04-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-04-29 19:40

**Reviewer performed review:** 2020-05-01 16:34

**Review time:** 1 Day and 20 Hours

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 Grade E: Do not publish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



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## **SPECIFIC COMMENTS TO AUTHORS**

This study aimed to investigate the efficacy of endoscopic variceal ligation (EVL) in controlling acute variceal bleeding, preventing variceal recurrence and rebleeding and achieving complete eradication of esophageal varices in patients who present with bleeding esophageal varices. The authors analyzed a database which was recorded for 19 years and study included 140 patients. They showed a significant effort to analyze and present this data. However, there are some major problems in their methods, presentation and writing the manuscript.

1. This is clearly a retrospective analysis of a database, however, the authors define it as a prospective study.
2. The authors base their study that “....no studies have specifically evaluated detailed outcome in relation to the technical constraints imposed by the design of the ligating device which influences the effectiveness of EVL in controlling acute variceal bleeding...”. However, the study design and the data they presented is completely irrelevant with this main underlying objective.
3. The effectivity of EVL was studied and published in many well-designed clinical studies, and this manuscript add nothing to current knowledge and clinical applications.
4. The title, the abstract and the whole manuscript is needed to review by a specialist in medical writing.

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

**Manuscript NO:** 56390

**Title:** Define advantages and expose limitations of endoscopic variceal ligation in controlling acute bleeding and achieving complete variceal eradication

**Reviewer's code:** 02942549

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Academic Fellow, Doctor, Lecturer

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** South Africa

**Manuscript submission date:** 2020-04-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-04-28 11:30

**Reviewer performed review:** 2020-05-03 15:21

**Review time:** 5 Days and 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input 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 checked="" type="checkbox"/> Grade B: Minor language polishing <input 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) <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 statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

Dear authors It is an interesting and well organized study about the role and the significance of band ligation on the management of variceal bleeding, as well as on variceal eradication. I agree that the use from your team of a standard and well defined protocol for the management of variceal bleeding is of great importance. However, i have some comments to make 1) You mention that all of your patients had taken b-blockers. Which was the mean dose? How many of them had been well controlled (cardiac rate < 55-60 /min) and how many had been not? Had this any effect on the rates of controlling bleeding, on the rates of rebleeding and mortality? 2) What kind of b-blocker had you prescribed? Propranolol or carvedilol? Was there any difference between those receiving propranolol and those receiving carvedilol? 3) Which were the independent factors associated with increased rebleeding rates and mortality? You had separated patients according to child-pugh stage and you outlined the mortality rates of each group. But this is not enough. Age, sex, MELD score, C-P grade, etiology of liver disease, favourable response to b-blockers, had any effect on rebleeding rates and mortality? A multivariate analysis is needed.