



REPLY to PEER-REVIEW REPORT and EDITOR COMMENTS

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56895

Title: Endoscopic management of gastrointestinal leaks and fistulae: What option do we have

Reviewer's code:03283352

Position:Peer Reviewer

Academic degree:MD, MNAMS

Professional title:Full Professor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory:Italy

Manuscript submission date:2020-05-18

Reviewer chosen by:AI Technique

Reviewer accepted review: 2020-05-22 06:11

Reviewer performed review:2020-05-25 07:53

Review time:3 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent[<input checked="" type="checkbox"/>] Grade B: Verygood[] Grade C: Good <input type="checkbox"/> Grade D: Fair[] Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Prioritypublishing[<input checked="" type="checkbox"/>] Grade B: Minor languagepolishing[] Grade C: A great deal of language polishing[] Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority)[] Accept(General priority) [<input checked="" type="checkbox"/>]Minor revision[]Major revision[] Rejection
Re-review	[<input checked="" type="checkbox"/>] Yes [] No
Peer-reviewer statements	Peer-Review:[<input checked="" type="checkbox"/>]Anonymous[] Onymous Conflicts-of-Interest:[]Yes[<input checked="" type="checkbox"/>] No



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SPECIFIC COMMENTS TO AUTHORS

The authors have made very good efforts in giving short review of the current endoscopic methods available for the management of gastro-intestinal leaks and fistulae. The specific comments for the authors are:1. Although it is mentioned in the Introduction that practical tips are given to the readers. However, the text describes the recent review of the relevant literature and practical tips are mostly lacking.2. Although separate figures are given under the heading of different endoscopic methods, but most of them don't match with the text description.

REPLY:

Thank you very much indeed for your appreciation. We revised our manuscript according to your useful comments.

1. As correctly noted the review mostly focusses on the efficacy and safety profile of the available endoscopic techniques for the management of leaks and fistulae without specific practical tips on how to perform each technique. Therefore in order to avoid any misleading statement we changed the last paragraph of the Introduction as follow: *"This review aims to describe the main endoscopic available techniques to manage the GI defects and to describe the pros and cons of their application in case of fistulae and leaks."* ~~giving practical tips to the reader"~~

2. Figures placement within the paper was revised in order to properly match them with text description.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56895

Title:Endoscopic management of gastrointestinal leaks and fistulae: What option do we have

Reviewer’s code:03035949

Position:Editorial Board

Academic degree:MD

Professional title:Surgeon

Reviewer’s Country/Territory: France

Author’s Country/Territory:Italy

Manuscript submission date:2020-05-18

Reviewer chosen by:AI Technique

Reviewer accepted review: 2020-05-19 15:19

Reviewer performed review:2020-05-25 18:40

Review time:6 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Verygood[<input checked="" type="checkbox"/>] Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Prioritypublishing[<input checked="" type="checkbox"/>] Grade B: Minor languagepolishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority)[<input checked="" type="checkbox"/>] Accept(General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	[<input checked="" type="checkbox"/>] Yes <input type="checkbox"/> No
Peer-reviewer statements	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,Your review is interesting and complete. Just 2 minor remarks: - in the Introduction you write "Surgery as first line treatment should nowadays be reserved to patients with severe sepsis or multi organ failure". I agree but it should be specified that surgery plays a major role in case of generalized or extensive peritonitis because it allows to perform a complete peritoneal washout, with a prompt reduction of the bacterial load.- you should clearly state that, in reason of the technical complexity of most procedures and the relative learning curve, difficult cases should be managed in referral centers with an adequate caseload, whenever possible.

REPLY:

Thank you very much indeed for your comments. We took in full account your remarks and we modified our review according to them.

In the introduction we added a paragraph stressing the importance of surgery in the management of acute-severe cases:"*Surgery as first line treatment should nowadays be reserved to patients with severe sepsis or multi organ failure. Surgery plays a major role in case of generalized or extensive peritonitis because it allows to perform a complete peritoneal washout and drainage with prompt reduction of the bacterial load.*"

Moreover as advised, the importance of referring difficult cases to tertiary centers with adequate caseload was stressed as well: "*Unfortunately, a standardized approach that fits for all possible scenarios does not exist. Each treatment should be tailored according to several variables, such as the clinical presentation and patient's general status, size of the defect, time of onset, defect*



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location, endoscopic accessibility, ability to drain or avoid any associated collection and local expertise/accessories availability. In reason of technical complexity of most procedures and the relative learning curve, difficult cases should be managed in referral centers with adequate caseload, whenever possible."

Editorial Office's comments

The author must revise the manuscript according to the Editorial Office's comments and suggestions, which listed below:

Dear Science Editor thank you very much indeed for your comments. We modified the paper according to both your and reviewers comments.

-Science Editor: 1 Scientific quality: This is a minireview of the endoscopic management of gastrointestinal leaks and fistulae. The topic is within the scope of the WJG. (1) Classification: Grade B and Grade C;

-Summary of the Peer-Review Report: This review is interesting and complete. However, there are some issues should be addressed. The text describes the recent review of the relevant literature and practical tips are mostly lacking. Although separate figures are given under the heading of different endoscopic methods, but



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most of them don't match with the text description.

In the revised version of the manuscript, figures placement within the paper was revised in order to properly match them with text description.

The questions raised by the reviewers should be answered;

The paper was modified according to reviewers requests and a point-to point reply was performed to clarify all concerns raised.

-Format: There are 10 tables and 2 figures. A total of 10 Figures and 2 tables were inserted within the text (similarly to the first version of the manuscript). A total of 109 references are cited, including 17 references published in the last 3 years. There are 5 self-citations. 2 Language evaluation: Classification: Grade B and Grade B. The authors provided a personal language certificate. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form. The authors need to provide the Copyright License Agreement signed by all authors.

A Copyright License Agreement signed by all authors was submitted.

No academic misconduct was found in the CrossCheck detection and Bing search.

-Supplementary comments: This is an invited manuscript. The study is without financial support. The topic has not previously been published in the WJG. The corresponding author has published 1 article in the BPG. 5 Issues raised: (1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare



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and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; **Original figures document were provided after their arrangement using PowerPoint. In the Supplementary material the original PowerPoint was submitted in order to allow any required reprocessing** (2) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; **References were revised throughout the manuscript. In particular, lists of all authors were added where missing and DOI was added for all references** (3) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces; **Reference numbers were modified according the required format.** and (4) I have changed the manuscript type "minireview" to "review". 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

(2) Editorial Office Director: I have checked the comments written by the science editor.

(3) Company Editor-in-Chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing



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requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.