



PEER-REVIEW REPORT

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Title: Successful management of therapy-refractory pseudoachalasia after Ivor Lewis esophagectomy by bypassing colonic pull-up: a case report

Reviewer's code: 03731036

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

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Reviewer chosen by: Ya-Juan Ma

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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: 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
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
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SPECIFIC COMMENTS TO AUTHORS

This is a case report to present the salvage operation of colonic pull-up due to therapy-refractory pseudoachalasia after Ivor Lewis esophagectomy. This manuscript seems highly suggestive in the diagnosis and treatment for pseudoachalasia after Ivor Lewis esophagectomy. My comments and arguable points are followings. 1. In the title, I would favor a different title. Because salvage operation include the resection of the gastric conduit, esophageal bypass using colonic interposition procedure might be better. 2. Was radiologic swallow examination of the esophagus performed before the operation? 3. Gastric pyloroplasty or gastrojejunostomy were recommend, if DGE caused pseudoachalasia. Thus, logical reasons of the operation should be demonstrated. 4. The author should demonstrate in detail in the figure. This surgical technique might be common for the esophageal surgeons but the general surgeons might be unacquainted with this surgery. Illustrations are required for well-understanding of the bypass using colonic pull-up 5. In discussion, several sentences should be shortened. Its length is excessive given its scope. The alternative treatments should be summarized, because colonic pull-up was intensive operation.