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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 65631

Title: Acute esophageal necrosis as a complication of diabetic ketoacidosis: A case report

Reviewer's code: 01220510

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: Canada

Manuscript submission date: 2021-03-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-28 07:36

Reviewer performed review: 2021-03-31 15:51

Review time: 3 Days and 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Comments to the author This report describes a rare but serious complication of diabetic ketoacidosis. However, certain issues need to be addressed. 1. Title- I would suggest to remove the words " case report" and rephrase the title 2. Abstract- "...newly started ketogenic diet"- Can physiological ketosis trigger the onset of DKA? How GLP-1 RA treatment can be associated with AEN? Please provide expansion for EGD 3. Case Report- "non-insulin dependent diabetes mellitus" should be replaced with Type 2 diabetes mellitus Duration of diabetes is not mentioned- This is important in this case scenario "he was switched from liraglutide to semaglutide"- Did the patient tolerate liraglutide well? Body weight data missing, BP data missing Please provide the blood glucose level at admission Please provide the reference range for B-hydroxybutyrate Missing citation of figure 1 "sucralfate and PPI twice daily"-Any advantage of concomitant use? What treatment regimen for glycemic control was advised at discharge? 4. Discussion- Author may provide the details of previous cases in tabular format Ketogenic diet may act as a trigger. Contrasting nutritional ketosis with ketoacidosis, DKA results from absolute insulin deficiency (Ref. 12- misdiagnosis of LADA). Was this patient insulin deficient? No data on microvascular complications in case report section In a patient with diabetes mellitus.....making them more prone to ketoacidosis- Ketosis prone T2DM is common in people with certain ethnic background- is it relevant in your case? Patient was switched over to weekly semaglutide- It appears from the timeline that patient received only one injection before symptom onset

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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 65631

Title: Acute esophageal necrosis as a complication of diabetic ketoacidosis: A case report

Reviewer's code: 02548034

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: Canada

Manuscript submission date: 2021-03-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-28 07:42

Reviewer performed review: 2021-04-01 06:12

Review time: 3 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The authors reported a rare case of diabetic ketoacidosis complicated with acute esophageal necrosis. The report is well-written and nicely presented. I have only some minor comments. 1. Please provide information on the age and sex of the patient in the abstract. 2. Did the patient have alcohol abuse? 3. Please provide information on the body weight and length or body mass index of the patient.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 65631

Title: Acute esophageal necrosis as a complication of diabetic ketoacidosis: A case report

Reviewer's code: 01220510

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India

Author's Country/Territory: Canada

Manuscript submission date: 2021-03-27

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2021-06-22 08:41

Reviewer performed review: 2021-06-24 15:57

Review time: 2 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The revised manuscript is more polished. Authors have addressed all the queries raised

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during initial review appropriately. Further comments to the author Introduction- Please check the reference order. Ref. 10 cited before Ref 5-9 Replace "type two" with "type 2" throughout the manuscript Please provide citation for Figure 1 in the text. Case Presentation- His glucose was initially.....peaked at 82 mmol/L. Is that a lab value or POC reading? Final Diagnosis- It is not clear why authors wanted to rule out LADA in a 63 year old non-insulin requiring patient with h/o diabetes for several years. Moreover autoantibodies (e.g GAD65) were not performed. Discussion- Authors may provide the data of previously reported cases in a tabular format for better impression of this clinical vignette. Ketoacidosis is uncommon in a patient with T2DM who is not insulin deficient (normal C-peptide). No definite trigger was identified for ketoacidosis. Cases of DKA reported in association with GLP-1RAs particularly after rapid reduction or discontinuation of concomitant insulin. Therefore, not a concern specific to treatment with GLP-1RAs. Authors need to clarify this issue. At what levels of glycemia the C-peptide was checked? Please confirm whether it is a fasting or post-meal value?