

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 71221

Title: Aorto-oesophageal fistula after corrosive ingestion: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02537773

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Academic Research, Associate Professor, Doctor, Lecturer, Professor

Reviewer's Country/Territory: Germany

Author's Country/Territory: South Africa

Manuscript submission date: 2021-08-31

Reviewer chosen by: Fei-Yan Lin (Online Science Editor)

Reviewer accepted review: 2021-11-30 23:26

Reviewer performed review: 2021-12-01 12:29

Review time: 13 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 type="checkbox"/> Accept (General priority) <input checked="" 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"/> Y] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/> Y] No

SPECIFIC COMMENTS TO AUTHORS

Scriba et al. report a case and provide systematic review on aorto-esophageal fistula after corrosive ingestion. Overall, it is an interesting topic that may be relevant to the endoscopists with a summary of the cases. The reading is easy and the topic is well described. Overall, the case-report topic would also very well suit the World journal of clinical cases as the spectrum is rather narrow as general gastroenterology/hepatology.

Few aspects may be considered to further improve the work: Explain why there is a need of systematic review on this topic What additional benefit would it provide in comparison to the case report It seems that for over 10 years there was not a single case reported (under-reporting)? Very important: The authors should endoscopic images that show the magnitude of the changes if possible also during the bleeding Some endoscopists may question the need for endoscopic therapy during the vulnerable phase a few weeks after ingestion. How likely the SEMS has promoted the perforation and severe bleeding/life treating condition. Some endoscopists would prefer to place PEG to keep with enteral feeding and let the esophagus heal first before starting any kind of dilatation, especially SEMS. The authors report obtaining 11 studies with 16 cases, however, some cases in the table are not sufficiently described (Sarfati E et.al.). Current format may need to be improved. Taken to account the rare cases of corrosive ingestion, what is the potential frequency of aorto-esophageal fistula in those cases? Based on the systematic review of the literature it would be great to make a summary on the most important clinical aspects for practical or even state if there is enough or not enough evidence to recommend or not to recommend something.

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Peer-review model: Single blind

Reviewer's code: 05464606

Position: Editorial Board

Academic degree: MD

Professional title: Professor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: South Africa

Manuscript submission date: 2021-08-31

Reviewer chosen by: Qi-Gu Yao (Online Science Editor)

Reviewer accepted review: 2022-02-19 13:39

Reviewer performed review: 2022-02-20 06:48

Review time: 17 Hours

Scientific quality	<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
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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

1. The authors have made a good review of this rare disease. However, since the mortality of delayed diagnosis is very high, please plan a follow-up protocol for the clinician as a reference. 2. I cannot entirely agree that the authors use “A systematic review” in the topic. They should use “a case report and literature review” instead. Please remove Figure 1. 3. I suggest the authors add more clinical pictures of the management process and post-treatment status in the text. 4. The similarity rate checked by the Turnitin system is 12%, which is acceptable.

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Title: Aorto-oesophageal fistula after corrosive ingestion: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03765445

Position: Editorial Board

Academic degree: FRCS (Gen Surg), MBChB, MCh

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Singapore

Author's Country/Territory: South Africa

Manuscript submission date: 2021-08-31

Reviewer chosen by: Qi-Gu Yao (Online Science Editor)

Reviewer accepted review: 2022-02-20 15:04

Reviewer performed review: 2022-02-20 16:01

Review time: 1 Hour

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 checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Thank you for a well written manuscript. Aorta-oesophageal fistula (AOF) is extremely very rare following caustic ingestion. However, oesophageal stricture following caustic ingestion is very common. It is very important to highlight inserting an oesophageal stent (even if fully covered and temporary) for a benign oesophageal stricture can increase the risk of collateral damage due to radial force and erosion into weaken surround tissue including extrinsic bronchial compression especially if the diameter is 23 mm versus 18mm. I agree oesophageal stent may be used as a temporary tamponade measure in a life-threatening emergency but may take longer to insert compare to a Sengstaken-Blakemore or Minnesota tube. I must congratulate the authors as the case is indeed a very good save using TEVAR when there was an onsite expertise with available and suitable thoracic aortic stent graft.