



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72038

Title: Computer tomography-guided negative pressure drainage treatment of intrathoracic esophagojejunal anastomotic leakage: A case report

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05908908

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-10-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-11 23:21

Reviewer performed review: 2021-10-17 15:02

Review time: 5 Days and 15 Hours

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 Grade E: Do not publish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 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



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

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

A very interesting case with comprehensive management involving doctors from various departments with good outcomes in these patients, good job.. 1. How long is the percutaneous drain maintained? Has the author examined bacterial resistance cultures in these patients? What antibiotics were given to this patient? 2. Please discuss the cause of leakage anastomosis in this patient! These conditions include very early anastomotic leakage, which is not common in less than 5 days after the operation. 3. Please explain the limitations of this case report!



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Reviewer's code: 03816367

Position: Peer Reviewer

Academic degree: MBChB

Professional title: Doctor, Lecturer, Staff Physician

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2021-10-09

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

Reviewer accepted review: 2021-12-20 03:09

Reviewer performed review: 2021-12-20 03:46

Review time: 1 Hour

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
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SPECIFIC COMMENTS TO AUTHORS

The authors should be commended on the topic upon which this case report is based. This is a clinically important topic associated with high level of co-morbidity and mortality. Esophagojejunal anastomotic leakage can be both challenging to diagnose and treat effectively. It would be useful if the authors could review the article and ensure that the construct of the sentences are more suited to the scientific community rather than based on simpler terms. e.g. 'The patient experienced difficulty swallowing for six months, and the symptoms had worsened in the two weeks prior to admittance' Could be rewritten as 'Our patient had progressively worsening dysphagia over a period of 6 months with an acute deterioration over the preceding 2 weeks leading to the admission' Clarification is needed with regards to the need for 'repeated ultrasound guided thoracic puncture and drainage'. If this modality was noted to be ineffective , what was the rationale to pursuing with this? In the case presentation section, only the examination findings at the initial diagnosis of the gastric carcinoma has been written. There is no mention of the examination findings at the time of the diagnosis of the ensuing complication. Is there a role for oral gastrograffin contrast ingestion of a low toxicity in the diagnosis of anastomotic leak? It has noted that this was used in the post procedure phase to ensure resolution of the complication. Although the use of images is useful, inclusion of further cross-sectional imaging may be useful.