



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74253

Title: Influences of etiology and endoscopic appearance on the long-term outcomes of gastric antral vascular ectasia

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226306

Position: Editorial Board

Academic degree: FACS, MBBS, MCh, MD, MNAMS

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: South Korea

Manuscript submission date: 2021-12-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-19 04:51

Reviewer performed review: 2021-12-23 06:10

Review time: 4 Days and 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 Grade E: Do not publish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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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

1. Would the co morbidities themselves have a significant impact on the clinical features / outcome? 2. Would the presence of CKD (5/7) be a confounding bias regarding the parameters Cr, Alb ? 3. How was improvement after the APC evaluated in the pts? 4. "it was unclear whether GAVE bleeding occurred at an APC treated area or an untreated remnant area or whether bleeding occurred at a new angioectasia lesion due to GAVE extension". How effective was APC for the GAVE lesions? 5. Would a multivariate analysis help in identification of the implicating parameters?



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Peer-review model: Single blind

Reviewer's code: 05230210

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: South Korea

Manuscript submission date: 2021-12-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-01 11:11

Reviewer performed review: 2022-01-06 12:26

Review time: 5 Days and 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

Notes on the manuscript: • I would like to thank the authors for their manuscript. However, I think the (Title and aim) have been researched before and the results of the study do not offer a new view on the topic. The only new part is the long-term follow up data of the patients and I think what the authors should concentrate on in writing the title, aim and abstract. I suggest (Long term outcomes of different patterns of GAVE). Or concentrate on the geographical variability. • There is no mention of the type of study is it cross sectional or case-control or cohort? Prospective or retrospective? (I think as you mentioned in the methodology of the manuscript it is a retrospective cohort) • Why no histopathological biopsy of the GAVE was assessed? could the authors clarify. • Watermelon stomach mostly means the stripped pattern, while punctate type is not. Another type of diffuse telangiectasia is called "honeycomb" appearance (references: Fuccio L, Mussetto A, Laterza L, Eusebi LH, Bazzoli F. Diagnosis and management of gastric antral vascular ectasia. World J Gastrointest Endosc. 2013 Jan 16;5(1):6-13. doi: 10.4253/wjge.v5.i1.6. PMID: 23330048; PMCID: PMC3547119.) • The conclusion of this study was mentioned before, so I suggest considering concentrating on the long term outcome only, also the discussion will be enriched if the authors explained why their group of cirrhotic patients showed this favorable outcome similar or better than to the non-cirrhotic which is not common in clinical practice. • The results section didn't mention the histology of the cirrhosis, although it is mentioned in the methodology that some of the patients were diagnosed by liver biopsy. Also, could the authors mention why the patients performed the biopsy in the first place, as it is not ethical as a routine measure. • There is no radiologic data to show the portal vein diameter or the presence



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of collaterals, which is crucial to this type of study, and no fibroscan to diagnose the level of cirrhosis. • QUOTE from literature (Non-cirrhotic patients more frequently present the typical endoscopic watermelon-, striped-pattern and are mainly represented by middle-aged women whereas the honeycomb-, diffuse-pattern prevails in patients with liver failure) Fuccio L, Mussetto A, Laterza L, Eusebi LH, Bazzoli F. Diagnosis and management of gastric antral vascular ectasia. *World J Gastrointest Endosc.* 2013 Jan 16;5(1):6-13. doi: 10.4253/wjge.v5.i1.6. PMID: 23330048; PMCID: PMC3547119.) • Other references on the topic with similar aim: 1. Dulai GS, Jensen DM, Kovacs TO, Gralnek IM, Jutabha R. Endoscopic treatment outcomes in watermelon stomach patients with and without portal hypertension. *Endoscopy.* 2004 Jan;36(1):68-72. doi: 10.1055/s-2004-814112. PMID: 14722858. 2. Ito M, Uchida Y, Kamano S, Kawabata H, Nishioka M. Clinical comparisons between two subsets of gastric antral vascular ectasia. *Gastrointest Endosc.* 2001 Jun;53(7):764-70. doi: 10.1067/mge.2001.113922. PMID: 11375585. Discussion: • The authors mentioned " We also found that patients with GAVE in the absence of cirrhosis more frequently had overt GI bleeding and required endoscopic treatment more frequently than those with GAVE and cirrhosis." could they discuss why and the reasons behind this? • The authors stated " The reason why we have not used the term "recurrent bleeding" is that it was unclear whether GAVE bleeding occurred at an APC treated area or an untreated remnant area or whether bleeding occurred at a new telangiectasia lesion due to GAVE extension.". You could use the term recurrent as the pathology is still present in the subsequent episodes in the bleeding and non bleeding areas (vasodilatory metabolites with telangiectasia and arteriolar dilation). This sentence is redundant please modify. • The authors stated "These results suggest that the vulnerability to bleeding depends on GAVE etiologies, but clinical course after overt bleeding doesn't depend on GAVE etiologies." could you elaborate and discuss more this point. • Could the authors elaborate if any cirrhotic



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patients in their study received beta blockers as a prophylaxis?

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: South Korea

Manuscript submission date: 2021-12-18

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-02-21 06:50

Reviewer performed review: 2022-02-25 11:06

Review time: 4 Days and 4 Hours

Scientific quality

Grade A: Excellent Grade B: Very good Grade C: Good
 Grade D: Fair Grade E: Do not publish



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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
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

SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for detailed response to the reviewers' comments.