



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 74360

Title: Beware of gastric tube in esophagectomy after gastric radiotherapy: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06130469

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Germany

Manuscript submission date: 2021-12-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-27 10:42

Reviewer performed review: 2022-01-01 09:45

Review time: 4 Days and 23 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 Grade E: Do not publish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 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this case report, the authors present an interesting and unique case of minimally invasive esophageal resection with esophagogastrostomy followed by gastric tube necrosis with anastomotic leakage and necessity of cervical salivary fistula. I have few minor revisions : The title is informative. The abstract should be more informative: I would just add more information in the "Background part". Page (P) 4 Line (L) 70 "tumor was in an early stage ": the TNM should be added. P4 L 75-76 "This case report gives reason.....l between gastric radiotherapy and surgery". This sentence should be changed. This assumption can't be supported just by a case report. I would change it into: "This case report may represent the start for further investigation to know if it is reasonable to refrain from esophagogastrostomy in patients with a long interval between gastric radiotherapy and surgery" The Core tip is informative: P4 L 85 : "tumor recurrence at date of publication".The length of follow up in years and months should be added. The main text is well written and clear, I have few comments: P 6 L 120-121 and regularly took metformin, thyroxine and sitagliptin: from these medications, it looks like the patient is diabetic and might have hypothyroidism. If it is true this should be added in the text. Other important information is missing: the BMI, wheater he smokes or not, his alcohol intake, his diet, if he has gastroesophageal reflux. Those are all risk factors for esophageal cancer. Conclusions are informative, however, P9 L 220-223 should be changed. We, therefore, recommend that stomachs pretreated with radiotherapy should not be knowingly used for reconstruction in esophagectomy. We provide little evidence from a single patient only and without proven causality". A recommendation can't be made based on a single case report. The authors should make clear that this represents a pivotal case report but further studies are necessary to have evidence-based proves.



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Minor English revisions are necessary.



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Position: Peer Reviewer

Academic degree: MD, PhD

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Author's Country/Territory: Germany

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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The present case report described a patient with previous gastric MALT lymphoma treated with sequential chemotherapy and radiotherapy; seven years later, the patient demonstrated gastric tube necrosis with anastomotic leak following esophagogastromy and was healed six months later with colonic interposition. The authors concluded that esophagogastromy should be avoided for patients with a long interval between gastric radiotherapy and esophageal surgery. The present research showed low-grade of evidence for this issue as a case report and several issues should be further clarified, as detailed below: Major points: 1. preoperative radiotherapy does cause extra influence on anastomotic healing as evidenced by some reports (PMID: 24736077), and long intervals may further aggravate this issue as the authors suggested. However, anastomotic leak differs from tissue necrosis ! tissue necrosis is usually caused by inappropriate handling of supplying vessels leading to acute or chronic ischemia and subsequent necrosis. For this patient, the authors should specified the detailed surgical procedure, particularly the steps for perigastric vessel ligations, or provide intraoperative images if possible, such that an intraoperative mistake could be ruled out. 2. the patient took regular metformin and sitagliptin. Did he have type 2 diabetes? Type 2 diabetes per se is a risk factor for anastomotic leak. This issue should be clarified.