



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 77374

Title: Fatal bleeding due to an aorto-esophageal fistula – case report and review of the literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00050424

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Slovenia

Manuscript submission date: 2022-05-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-10 09:02

Reviewer performed review: 2022-06-13 07:21

Review time: 2 Days and 22 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 Grade E: Do not publish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 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



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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

The authors present a very rare cause of AUGIBleeding, a patient with fatal UGIB caused by an aorto-oesophageal fistula related to an already diagnosed esophageal tumor. My comments : 1. Why the authors believe that the fistula was due to the stent inserted into the middle third of the oesophagus and not to the invasion from the advanced cancer ; 2. Discussion is too long. I think that the authors should focus on the aorto - esophageal fistula and not the aorto - enteric fistula. 3. According to the presentation of the case, I am not sure that the fistula had been completely closed with the inserted stent. What about the appropriate length or diameter of the stent; Is there any angiogram following the deployment of the aortic stent to verify the closure of the fistula ;



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Peer-review model: Single blind

Reviewer's code: 05643791

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Postdoctoral Fellow

Reviewer's Country/Territory: United States

Author's Country/Territory: Slovenia

Manuscript submission date: 2022-05-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-08 04:30

Reviewer performed review: 2022-06-16 20:39

Review time: 8 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

Overall, this is a nice case to report. While aorto-enteric fistulas are generally well described in the literature, aorto-esophageal fistulas are uncommon, and the optimal treatment strategy is still not well established. I would recommend for authors to elaborate more on some elements of the case to increase its “originality” (as discussed below) and to elaborate more in their discussion on the outcomes of endovascular management of aorto-enteric fistulas. Also, while the content of the manuscript is clear, it would benefit from major proof reading to adjust for language and grammatical errors.

Comments for authors regarding the “case presentation section”:

- It would be helpful to include for readers the stage and depth of infiltration of the esophageal squamous cell carcinoma. That would help to address the question regarding the possibility of malignant infiltration of the aorta leading to an aorto-esophageal fistula
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- What was the timeframe between insertion of the esophageal stent and the development of bleeding from an aorto-esophageal fistula? Could this be an iatrogenic complication? The last sentence in the introduction states: “We present a patient with fatal UGIB caused by an aorto-oesophageal fistula, which formed due to the stent inserted into the middle third of the oesophagus”. What is the evidence supporting that bleeding has been caused by the stent placement?
- The patient had recently undergone radiation therapy which is one of risk factor for aorto-enteric fistulas. I would recommend including the total cumulative dose of radiation therapy dose and elaborating on that in the discussion section
- I would recommend for authors to discuss why was an endovascular treatment option (And specifically stent graft placement) considered in this case rather than surgery. Was the patient too unstable and



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unfit to undergo surgical repair? Did the local expertise affect the choice of treatment modality? • The patient died from a heart failure in setting of a massive UGIB. It would be helpful to know if the procedure was technically successful with radiological evidence of fistula closure or bleeding cessation by the end of the intervention.

Comments regarding the “discussion” section: • The authors discuss the possible mechanisms for development of the aorto-esophageal fistula for their case. I would elaborate more here on the possibilities of fistula development secondary to radiation therapy or iatrogenic complications (As discussed in my comments above) based on total radiation exposure and timeframe from stent placement to bleeding • I would recommend elaborating more on the different types of endovascular techniques and outcomes of the techniques (Success rates) based on reported data in the literature, as this would be the most important part of the manuscript. Below are some references that would be useful to comment on: o Kakkos SK, Papadoulas S, Tsolakis IA. Endovascular management of arterioenteric fistulas: a systemic review and meta-analysis of the literature. *Journal of Endovascular Therapy*. 2011 Feb;18(1):66-77. o Antoniou GA, Koutsias S, Antoniou SA, Georgiakakis A, Lazarides MK, Giannoukas AD. Outcome after endovascular stent graft repair of aortoenteric fistula: a systematic review. *Journal of Vascular Surgery*. 2009 Mar 1;49(3):782-9.