



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 28885

Title: Perforated peptic ulcer - an update

Reviewer's code: 03646666

Reviewer's country: North Ireland

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 14:56

Date reviewed: 2016-08-31 20:41

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

A comprehensive and a well articulated review paper on PUD regarding the recent advancement in medication and avoidance of laparoscopic surgery. Comment 1: Figure 3. needs to be looked at, although the figure is very informative I would suggest authors to revise this figure to make is more easy to ready and understand.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 28885

Title: Perforated peptic ulcer - an update

Reviewer's code: 00503404

Reviewer's country: Hungary

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 14:56

Date reviewed: 2016-09-01 04:28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A mainly we---written review paper, authors should include one or two Tables highlighting the najor non-surgical and surgical studyies with otucomes in the treatment of PUD



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 28885

Title: Perforated peptic ulcer - an update

Reviewer's code: 00503686

Reviewer's country: Egypt

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 14:56

Date reviewed: 2016-09-07 22:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is a very good and comprehensive "chapter" of a book, but I am sorry to say it is not suitable (in my opinion) for publication in the journal.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 28885

Title: Perforated peptic ulcer - an update

Reviewer's code: 00004764

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 14:56

Date reviewed: 2016-09-08 02:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Your narrative review examines the topic of perforated peptic ulcer. It is relatively comprehensive and focuses somewhat on medical issues which today are very important. I have made suggestions for additions and modifications which I hope will improve its overall quality. Specific Comments 1. You comment under H. pylori that recurrent PUD mainly occurs in patients with H. pylori infection. This is also very common in those who continue to use NSAIDs. Also, the risk of recurrent H. pylori infection is significantly reduced with proton pump inhibitor therapy. In contrast, proton pump inhibitors have only a modest efficacy for reduction in ulcers with NSAID users. The section on genetic predisposition likely is of low interest to the reading audience. 2. I would make several more comments about Zollinger-Ellison syndrome. This is a cause of perforated peptic ulcer that must be excluded in every patient. 3. You comment about alcohol consumption which is controversial and likely does not cause ulcer. It does cause increased acid production but, again, is not associated with ulcer. 4. Under Diagnosis - it's also possible that free air under the diaphragm represents another diagnosis such as perforated diverticulosis. Clearly at most centers a CT scan is going to be performed which can generally differentiate these causes and exclude other etiologies. 5.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

Using oral contrast would likely be important when peptic ulcer is considered to exclude active leak and thus the likelihood that surgery will be required. 6. Under Figure 1 - the chest x-ray is of poor quality. 7. Under Management - what is "surgical source control"? 8. When discussing drug treatment in ulcer you describe "triple therapy". I would use the term triple therapy for H. pylori infection. 9. In a patient presenting with perforated peptic ulcer, it seems that one would want to exclude H. pylori infection rather than empiric treatment. In addition, if H. pylori infection is identified, then follow-up to ensure eradication is paramount. At the time of presentation one could consider a stool antigen. Blood tests for antibody are less sensitive and specific unless in areas of high prevalence. Clearly excluding causes by history or laboratory studies is important. Long-term PPI therapy would be important until the exact cause may be identified and treated (example H. pylori infection). Also, it is important to exclude occult NSAID user as recurrent ulcer disease is very common in such patients. 10. You comment that there may be a high mortality rate if conservative management fails. I assume in this situation that CT scan with oral contrast to exclude active leak would be important to reducing such mortality. 11. Vagotomy is also less likely to be performed as one can identify and eradicate H. pylori infection. 12. You do not tell us specifically when gastric resection should be performed. You do mention some risk factors but your comments would be welcomed. 13. You mention Boey's score and perhaps you should tell us what this represents. You mention this later in the manuscript. 14. Dissemination is misspelled after bacteria. 15. What is the tire test? 16. When you discuss endoscopic stenting, I assume you meant fully covered stents. One might suspect that this would work better for a post-op leak rather than an initial perforation. 17. You state that perforation is a "serious complication". That seems to lessen the importance of death! 18. You also mention that it carries a higher mortality risk although the data suggests the mortality rate is relatively low. Perhaps you mean the morbidity is great.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 28885

Title: Perforated peptic ulcer - an update

Reviewer's code: 00013033

Reviewer's country: Hungary

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 14:56

Date reviewed: 2016-07-21 17:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a comprehensive, well-written paper on the perforated peptic ulcer disease. Comments; 1. Abstract and core tips should be rewritten and references should be removed. 2. Authors should also decide if they would like to cover the full spectrum of the disease or only the perforated cases, the separation and aims are sometimes not clear