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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 12046
Title: Endoscopic variceal ligation caused massive bleeding due to laceration of an esophageal varicose vein with tissue glue emboli.
Reviewer code: 02438173
Science editor: Yuan Qi
Date sent for review: 2014-06-19 18:40
Date reviewed: 2014-07-03 08:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] No records	
[Y] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

I will give you two comments: 1.How to recognize the dangerous esophageal varices containing the embolic plugs of histoacryi? The methods you mentioned were not routinely used in clinical practice. There might be some other ways to detect such riskful varices. You need to review more papers. 2.Once you began to ligate such varices, when to stop the procedure (if possible) and how to treat the subsequent massive bleeding are the two important points you have to lay emphasis on.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 12046
Title: Endoscopic variceal ligation caused massive bleeding due to laceration of an esophageal varicose vein with tissue glue emboli.
Reviewer code: 02527631
Science editor: Yuan Qi
Date sent for review: 2014-06-19 18:40
Date reviewed: 2014-07-27 19:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

This is an interesting case report describing a patient in which the endoscopic variceal ligation caused laceration of the esophageal varicose vein with the tissue glue emboli and massive bleeding three months after endoscopic variceal obturation of gastric varices with tissue glue. In this case report the methods of recognizing an esophageal varicose vein with tissue glue plug were discussed. There are several minor mistakes for example: standerized that must be changed in standardized; refered that must be changed in referred; In the discussion section, line 10 I red word: ect. What mean? I think that the author would mean etc. (etcetera). Anyway I would suggest to delete this word in that in a scientific paper this word should be avoided. There are too many acronyms in the main text so I would suggest to delete an acronym if it is used only once. For example: transjugular intrahepatic portosystemic shunt (TIPS). A great deal of language polishing must be performed.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 12046
Title: Endoscopic variceal ligation caused massive bleeding due to laceration of an esophageal varicose vein with tissue glue emboli.
Reviewer code: 00052899
Science editor: Yuan Qi
Date sent for review: 2014-06-19 18:40
Date reviewed: 2014-08-08 22:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

The authors reported a rare but fatal complication caused by laceration of an esophageal varicose vein with tissue glue emboli during the treatment of gastric varices via endoscopic variceal obturation with tissue glue. The occurrence and subsequent treatment of the massive bleeding was described clearly. However, there are still some problems that should be considered. 1. In the discussion, the authors introduced two methods of recognizing the dangerous esophageal varices containing the glue plug in theory. However, those methods were not routinely or conveniently applied in clinical practice. Is there any other approaches to identifying such special varices. More papers should be reviewed. 2. There are a lot of typographical errors .

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 12046
Title: Endoscopic variceal ligation caused massive bleeding due to laceration of an esophageal varicose vein with tissue glue emboli.
Reviewer code: 00053423
Science editor: Yuan Qi
Date sent for review: 2014-06-19 18:40
Date reviewed: 2014-08-17 22:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Wei et al reported a case that the ligation of an esophageal varix with tissue glue caused laceration of the esophageal varix and massive bleeding, three months after endoscopic obturation of pericardial gastric varices with tissue glue. During the procedure of esophageal varix ligation, the nodular variceal protrusion bulb was found unable to be released from the cavity of the transparent cap, even after several trials of releasing the bulb from the cap cavity and, also the endoscopic vision field was lost. So, they had to withdraw the endoscopy and a substance adherent to the transparent cap was identified as a piece of semisolid tissue glue partially covered by a little piece of mucosa and blood vessel wall. Then, massive bleeding from esophageal varices rupture occurred. I have found no previous report of bleeding due to laceration of a esophageal varix during ligation that might be attributed to the presence of glue in its lumen, in spite of this treatment is been performed for more than 10 years all around the world. I believe that, as this case was the first one to report this complication, we can' t affirm that there was a cause effect relation , and also, if there is an increased risk of esophageal varices bleeding during EVL in patients with previous gastric varix obliteration with glue that have migrated to esophagus varix. This aspect should be commented by the authors. 1-EUS guided transesophageal treatment of gastric fundic varices seemed useful to judge the adequacy of endoscopic therapy by demonstrating absence of blood flow in the varix in several studies. (Romero-Castro R et al, Gastrointestinal Endosc 2007, Liao SC Scand J Gastroenterology 2013,

Mosli MH et al Saudi J Gastroenterol. 2013). Lee et al (2000 Gastrointestin Endoscopy) reported that gastric varices obliteration with cyanoacrylate under EUS monitoring reduced recurrent bleeding and may improve survival. On Lee's study, the patients were divided in 2 groups, one performed obliteration on demand, and the other group performed EUS and received repeated injection until the gastric varices were obliterated. The role of EUS in the therapeutic for GVs is still evolving. EUS is being used to confirm presence, size and location of GVs, to stratify the risk of re-bleeding, as a therapeutic tool to perform sclerotherapy or EVO, and to confirm eradication of GVs after EVO. (WJH 2014 Girotra M et al). However, regarding methods of recognizing the presence of glue, the authors suggested that EUS may be helpful to determine the presence of glue tissue in esophageal varix, and that, studies confirming its utility are necessary. I agree with the authors. 2-They have observed that a transparent cap was helpful to visualize the cardic area; this needs confirmation from other studies for esophageal area, and specifically for esophageal varices treatment. 3-Cipolletta cited in the text is not listed in the references. (Dig Liver Dis. 2009)