

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3326

Title: Endoscopic transgastric drainage of gastric wall abscess after endoscopic submucosal dissection.

Reviewer code: 00504445

Science editor: Wen, Ling-Ling

Date sent for review: 2013-04-23 19:11

Date reviewed: 2013-06-04 23:51

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Comments to the Author In the present paper of Dohi et al., the authors presented “Endoscopic transgastric drainage of gastric wall abscess after endoscopic submucosal dissection”. The paper was well written and the content of this case report was unique. I think this paper has only a few problems to be published. 1. As authors pointed, gastric wall abscess after gastric ESD was very rare. Author should describe the frequency of it referred to previous large scale studies about gastric ESD. 2. Was the hole of delayed perforation confirmed by urgent endoscopy? If not, authors should describe the reason. 3. How the authors inserted endoscopic stent to the scar due to ESD. Please describe the details about that. 4. In Figure 3B, the flow of pus and fistula were unclear. Author should change figures to color ones. If possible, author should add endoscopic figures after inserting endoscopic catheter to Figure 3 for readers’ understanding.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3326

Title: Endoscopic transgastric drainage of gastric wall abscess after endoscopic submucosal dissection.

Reviewer code: 00068316

Science editor: Wen, Ling-Ling

Date sent for review: 2013-04-23 19:11

Date reviewed: 2013-06-05 02:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this manuscript, the authors reported a case that a gastric wall abscess after endoscopic submucosal dissection was treated with endoscopic drainage via the gastric lumen as well as antibiotics. This is a clearly written and well-conducted manuscript. Delayed perforation is a rare but serious complication after endoscopic submucosal dissection. It performed a new conservative treatment for the therapy of gastric wall abscess. But, I have the following concerns about the methodology of this particular manuscript. Major concerns: 1. Delayed perforation sometimes requires emergent surgery because it may result in peritonitis or sepsis. If patients can't receive therapy as soon as possible, it may come into a life-threatening complication. The conservative treatment is temporary, surgical therapy should be initially recommended. This case was just a special one, it was not suitable for promotion to other physicians. 2. Electrical cautery or repeated coagulation are thought to be involved in endoscopic submucosal dissection. If the post-ESD ulcer is large, I suggest the operator using endoscopic titanium clips to prevent delayed perforation. 3. The antibiotics is not effective enough.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3326

Title: Endoscopic transgastric drainage of gastric wall abscess after endoscopic submucosal dissection.

Reviewer code: 00289456

Science editor: Wen, Ling-Ling

Date sent for review: 2013-04-23 19:11

Date reviewed: 2013-06-21 23:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The Title reflects the contents of the study. The Abstract gives a clear delineation of significant points in the paper. In the Case description a clear and detailed description of the case report is provided. The Discussion is well organized, and valuable conclusions are provided. I advise the authors to add in the references the following paper: J Clin Ultrasound. 2012 Feb;40(2):105-8. doi: 10.1002/jcu.20780. Epub 2010 Dec 28. Endoscopic sonography in the diagnosis and treatment of a gastric wallabscess: a case report and review of the literature. Yang CW, Yen HH.