

# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 74054

**Title:** Modified endoscopic ultrasound-guided selective N-butyl-2-cyanoacrylate injections for gastric variceal hemorrhage in left-sided portal hypertension: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05465429 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor, Staff Physician

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-26 11:45

Reviewer performed review: 2022-01-04 18:04

Review time: 9 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [] No



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Peer-reviewer

Peer-Review: [Y] Anonymous [ ] Onymous

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

#### SPECIFIC COMMENTS TO AUTHORS

I have read with interest the manuscript entitled "Modified endoscopic Dear Editor, ultrasound-guided selective N-butyl-2-cyanoacrylate injections for gastric variceal hemorrhage in patients with left-sided portal hypertension: A case report" by Yang J et al. This was a case report showing the feasibility of a modified technique for EUS-guided NBC injection in bleeding gastric varices. I consider the manuscript relevant for the I have the following minor comment only: -Imaging examinations: research context. The endoscopic description should be more detailed. "Gastroscopy confirmed GV hemorrhage" --> GV with signs of recent bleeding in the absence of active bleeding?. To my knowledge no cases of actively bleeding GV treated by EUS-guided NBC injection have been reported to date. Furthermore the location of the tretated GV should be reported (fundus?). Sarin's classification should be provided as well (IGV1?).



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Peer-review model: Single blind

Reviewer's code: 03024263 Position: Associate Editor

Academic degree: DSc, MD, PhD

**Professional title:** Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2021-12-12

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2022-01-13 10:24

Reviewer performed review: 2022-01-14 11:17

**Review time:** 1 Day

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Indeed, current guidelines support the use of cyanoacrylate injection - either as N-butyl-2-cyanoacrylate (e.g., Histoacryl) or 2-octyl-cyanoacrylate (e.g., Dermabond) - for acutely bleeding GOV2/IGV1/IGV2. Evaluation of gastroesophageal varices using EUS has been conducted since the 1980s, however, only single cases of using the EUS-guided selective N-butyl-2-cyanoacrylate injections for gastric variceal hemorrhage are described (DOI: 10.1159/000510132). This allows to recommend this manuscript for publication in the World Journal of Clinical Cases. However, the manuscript needs substantial editing. 1. It is necessary to clarify what type of IGV (IGV1 or IGV2) the patient had. 2. It is necessary to clearly explain the choice of the injection site (the confluences of GVs, but not the feeding and perforating vessels, which are more dangerous) and a lower than usual dose of the N-butyl-2-cyanoacrylate. 3. Why do the authors consider this approach to be more effective and safe? Of course, theoretically this is excellent, but it is necessary to give an explanation from the standpoint of evidence-based medicine. 4. The authors should emphasize that the described technique can be used only in hemodynamically stable patients. 5. Given that the problem remained (splenic vein obstruction), how to explain the improvement of left-sided portal hypertension three months after the injection? 6. The authors write: "When pancreatic disease obstructs the splenic vein flow, the pressure of the left portal vein system increases, and the collateral circulations between the splenic vein and the portal vein gradually open up, which would lead to gastric variceals". It should be clarified that in segmental portal hypertension, blood flows retrogradely through the short and posterior gastric veins and the gastroepiploic veins resulting in the formation of GVs.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05260574 Position: Peer Reviewer

Academic degree: MD, MSc, PhD

**Professional title:** Consultant Physician-Scientist

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-12-12

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2022-01-18 19:34

Reviewer performed review: 2022-01-18 19:52

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

#### SPECIFIC COMMENTS TO AUTHORS

Such innovative technique to solve a serious condition, we need to know the elongate follow up period and check any complications that occured during this period



# RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03024263 Position: Associate Editor

Academic degree: DSc, MD, PhD

**Professional title:** Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2021-12-12

Reviewer chosen by: Xue-Li Chen (Quit 2022)

Reviewer accepted review: 2022-02-14 16:13

Reviewer performed review: 2022-02-14 16:32

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [ Y] Anonymous [ ] Onymous



statements

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

# SPECIFIC COMMENTS TO AUTHORS

I have no comments.