

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 63034

**Title:** Endovascular stent-graft treatment for aorto-esophageal fistula induced by an esophageal fishbone: two successful cases and a literature review

**Provenance and peer review:** Unsolicited manuscript; externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05282786

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Consultant Physician-Scientist

**Reviewer's Country/Territory:** Romania

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-12 18:18

**Reviewer performed review:** 2021-10-14 15:43

**Review time:** 1 Day and 21 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

A very good article, written in a professional way.

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**Reviewer's code:** 04964353

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgeon

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** AI Technique

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**Reviewer performed review:** 2021-10-20 08:16

**Review time:** 15 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	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 reported two cases of AEF secondary to fishbone injury treated by means of TEVAR without any further thoracic surgical procedures. The available follow up was uneventfull and both patients are still alive. These are my suggestions: The format of the paper should be reviewed. Case 1 should be described separately from the Case 2. Number of sections in each case presentation need to be reduced and the text need to become more fluent. Abstract 'case summery' is approximate and imprecise . A more detailed description is suggested: i.d. 'success' is repeated three times in two sentences; 'series of further treatments'....; 'performed a successful hybrid treatment '... What the meaning of 'We hope that this will alert clinicians to management issues of AEF'? Manuscript: The description of clinical presentation should be revised, expecially for the case 1: 'patient spattd blood several times with a total volume of approximately 1000 ml and exhibited clouding of consciousness' ...does it mean that the patient developed hemorrhagic shock? How was it manage? The clinical events in the peripheral hospital and the re-admission after aortic bleeding is unclear. AEF is life-threatening complication and the discharge to a peripheral hospital should be avoided. The issue should be underlined in the discussion. According to such clinical complication, angioCT should be performed in all cases of foreign body removal, even if clinically asymptomatic. Please include this aspect in the discussion. Detailed characteristics of aortic endograft are necessary, expecially in lenght. In case of small aortic injury, a short endograft is mandatory in order to avoid paraplegia. HHave you consider this aspect in yuor multidisciplinary approach? 'Broad-spectrum antibiotic therapy' insted of 'anti-infective therapy ' What means: 'impaled aorta by foreign body was taken into



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account' 'The angiographic catheter was first guided into the thoracic aorta and arteriography revealed a 1 cm vascular niche in the descending aorta. Then an endovascular stent-graft had not yet been released after delivering to the selected location by a vascular surgeon. And then EGD showed that both ends of the fish bones inserted into the esophageal wall, 28 cm from the incisors (Fig 5A), and was endoscopically removed gently (Fig 5B) followed by active blood spraying noted in the esophageal defect (Fig 5C). ' ...difficult to be read and understood. How do you decide to restart the oral intake: can you give any message about this decision? In particular, did you repeat an endoscopy or a new CT or only by clinical signs? Discussion: Redundant and vagous. Difficult to be read for many mistakes of English language. More concise concepts should be reported. What was the standard management before endovascular era? Please improve this section and report the rate of mortality and reinterventions. I do not understand your approach (and the take home message) to AEF secondary to foreignbody damage. Do you think that all these cases required TEVAR? Do you think that a CT scan after the removal of the foreign body and a close follow up may be an alternative, in order to avoid an overtreatment (even for the risk of graft infection and paraplegia). Please comment.

## 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:** 04964353

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgeon

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** Ji-Hong Liu

**Reviewer accepted review:** 2021-12-03 13:12

**Reviewer performed review:** 2021-12-06 10:48

**Review time:** 2 Days and 21 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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

The manuscript has been modified according to the comments/suggestions. Well done.  
Thank you.