

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 51662

Title: Rigid esophagoscopy combined with angle endoscopy in the treatment for superior mediastinal foreign bodies penetrate into the esophagus caused by neck trauma:

A case report

Reviewer's code: 03706560

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Assistant Professor, Postdoc, Professor

Reviewer's country: United States

Author's country: China

Reviewer chosen by: Artificial Intelligence Technique

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Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-223-8242
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this case report. The manuscript is very interesting and the treatment was adequate. I have some comments to improve your manuscript before its publication as you can see below. Abstract: - don't use the use Always. Key words: -case report is not a good key word. Use endoscopy for example. Figures: - very good pictures. Legend needs to be revised by na native English speaker with experience in surgery/endoscopy, for example: oral fluid feeding (use oral contrast) and flexible gastroscopy (use flexible endoscopy). Introduction: - needs english revision, in the first paragraph you use the word foreign body 4x. - Introduction is very short but it is very confusing. English revision is needed to improve the writing. Case Presentation: - change gastroscopy for upper GI endoscopy - treatment: - please describe why flexible endoscopy failed in this case?What was the approach for foreign body removal (forceps?snare?). What about the experience of the endoscopist? - absence of evidente perforation? How is it possible? Please include pictures of the procedure. This is a contained perforation. - upper gastroenterography: the correct name is upper GI series. The case report really needs a native English speaker with experience in GI/surgery. - OOUCOME AND FOLLOW-UP: please correct for OUTCOME, additionally, the English of this section really needs revision. Discussion: - primary care hospitals' insufficient technical abilities: this statment is not polite. - Foreign bodies penetrated into the mediastinum from the esophagus, and the direction of foreign body insertion is at an acute angle to the direction of the long axis of the esophagus; hence, foods and fluids tend to flow into the mediastinum, resulting in infection. In this case, due to the obtuse angle between the direction of insertion and the long axis of the esophagus, it is difficult for foods and liquids to retrogradely flow into the mediastinum, resulting in infection or abscesso excelent discussion!!! - Currently, conservative

treatment is the best treatment in most cases (endoscopic clipping, stenting, or antibiotic administration). Please include EVT as it is na esophageal defect. See reference: de Moura DTH, de Moura BFBH, Manfredi MA, et al. Role of endoscopic vacuum therapy in the management of gastrointestinal transmural defects. World J Gastrointest Endosc. 2019 May 16;11(5):329-344. - the layers of the esophagus may adhere to each other after foreign body removal; thus, in this case, obvious perforation was not observed in the esophagus. This explanation is not correct. This is an contained perforation. - What about PPI to avoid acid reflux in the healing process? CONCLUSION Also needs english revision by an native speaker with experience in surgery/endoscopy.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No