

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70272

Title: Rare spontaneous extensive annular intramural esophageal dissection with endoscopic treatment: A case report

Reviewer's code: 06139999

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-07-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-01 09:00

Reviewer performed review: 2021-08-05 07:32

Review time: 3 Days and 22 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 Grade E: Do not publish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 type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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 paper is really interesting but I have a comment for you. As we know, there are many treatment methods for IED. They are complex and confused. There is no consensus. I would like to advise the authors to summarize a treatment strategy based on your experiences and literature for readers. For example, which condition is suitable to conservative treatment, which condition is suitable to stent, et al. I think this would be meaningful and valuable for readers.

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70272

Title: Rare spontaneous extensive annular intramural esophageal dissection with endoscopic treatment: A case report

Reviewer's code: 05908908

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-07-31

Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-08-05 09:23

Review time: 3 Days and 22 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
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SPECIFIC COMMENTS TO AUTHORS

1. Very interesting case report, challenging diagnosis, and excellent outcome in this patient. 2. Please consider the relevance of using the keywords Esophagectomy, Rupture, and Esophageal Mucosa. 3. Please mention the gender of the patient? IED is related to gender, commonly female is more dominant than male 4. When the author performed a gastroscopy, did a biopsy of the esophagus be done to find out one of the causes of IED such as Eosinophilic Esophagitis? If not, please give rational reasons? 5. The author has not explained the possible causes of IED in this patient? The patient had a history of hypertension and diabetes mellitus, how long has the patient had these diseases? Are there any medications the patient is taking that could cause an IED? Please explain in the "Discussion" 6. Please separate barium meal esophagography and CT scan examination in Figure 1. Give a sign/mark that describes a "double-barreled" appearance on CT scan