

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 3918

**Title:** Resolution of an Esophageal Leak and Posterior Gastric Wall Necrosis with Esophageal Self-Expandable Metal Stents

**Reviewer code:** 00058210

**Science editor:** Wang, Jin-Lei

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input 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 authors report an unusual complication following removal gastric banding and sleeve gastrectomy as oesophageal fistula associated with necrosis of gastric wall. This is an interesting case report, but the manuscript necessitated some explanation. In particular: 1. On the abstract, the authors talk about anastomotic leaks but to my knowledge, there is no anastomosis during sleeve gastrectomy. 2. There is few data concerning surgical procedure. Is the authors performed systematic methylene blue test after removal of gastric banding, after performed sleeve gastrectomy, or both? Why did they insert abdominal drains as systematic abdominal drainage is not recommended? (Albanopoulos K et al. Routine abdominal drains after laparoscopic sleeve gastrectomy: a retrospective review of 353 patients. Obes Surg. 2011"). And why did abdominal drainage was maintained 7 days ? 3. Data used in the manuscript are old. There is two meta-analysis on gastric fistula rate after sleeve gastrectomy showing a gastric fistula rate of 2% ("Aurora AR et al. Sleeve gastrectomy and the risk of leak: a systematic analysis of 4,888 patients. Surg Endosc. 2012" and "Parikh M et al. Surgical strategies that may decrease leak after laparoscopic sleeve gastrectomy: a systematic review and meta-analysis of 9991 cases. Ann Surg. 2013"). 4. Also, the management of gastric fistula after LSG is not clear. In the discussion, the authors said that "Surgical management has been associated with a high morbidity (up to 50%) and mortality (2% to 10%)1, as a result, initial management has moved towards a more conservative endoscopic treatment.". Actually, it is recommended to perform revisional surgery in case of early onset gastric fistula then endoscopic treatment and first-line endoscopic treatment in case of delayed gastric fistula. First-line endoscopic management could be performed in this case because of presence of abdominal drains. 5. data about



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SEMS treatment of fistula after sleeve gastrectomy presented here are not new and it is only a case report.