

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5113

Title: Laparoscopy-assisted percutaneous endoscopic gastrostomy enables life-saving enteral nutrition even in case of distorted anatomy in either children or adults

Reviewer code: 00046729

Science editor: Qi, Yuan

Date sent for review: 2013-08-16 10:50

Date reviewed: 2013-08-17 15:32

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

This is an interesting article of case series of laparoscopy-assisted percutaneous endoscopic gastrostomy (L-PEG). However, it requires several revisions for the manuscript. Major points: #1. It is important for this case series to describe the detail of L-PEG in all cases. Please prepare a Table showing the patient's backgrounds, the reasons for L-PEG, the length of the procedures, the nutritional statuses before and after L-PEG (BMI, concentrations of albumin). Please indicate the four cases who were unable to undergo PEG in the Table. Minor points: #1 The mean length of the procedure is described in l105. Please show the measurement of the length precisely, ie; from the insertion of a gastroscope to placement of PEG tube, or from the insertion of a laparoscope to the removal of laparoscope? #2 You describe some cases of PEG failure because of interposed organs. Did you conduct L-PEG without difficulty? Did you maneuver to remove interposed organ with a laparoscopic technique? #3 Please address the indication of L-PEG in Discussion. #4 Please add a representative picture of laparoscopic view of the procedure.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5113

Title: Laparoscopy-assisted percutaneous endoscopic gastrostomy enables life-saving enteral nutrition even in case of distorted anatomy in either children or adults

Reviewer code: 00504050

Science editor: Qi, Yuan

Date sent for review: 2013-08-16 10:50

Date reviewed: 2013-08-18 20:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" 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 reported a case series of twelve patients undergoing laparoscopic assisted PEG procedures. The article is well written and clear. I have no major comments, but I would suggest the authors to implement the discussion with other alternative methods for PEG placement any time transillumination is not possible to be achieved (i.e., US or CT guided techniques, percutaneous radiological gastrostomy as described by Ho in 1983, etc....) Furthermore, as far as I know, the technique was described by Raaf JH in 1993, and not in 1995 as stated by the authors (Laparoscopic placement of a percutaneous endoscopic feeding tube. J Laparoendosc Surg 1993;3:411-14). The reference numbers should be reviewed (i.e. reference 10 in the next is actually reference 11); please correct it. Figure 2 does not seem to be essential and could be deleted.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5113

Title: Laparoscopy-assisted percutaneous endoscopic gastrostomy enables life-saving enteral nutrition even in case of distorted anatomy in either children or adults

Reviewer code: 00069469

Science editor: Qi, Yuan

Date sent for review: 2013-08-16 10:50

Date reviewed: 2013-09-02 01:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input 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 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)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The manuscript reports a LAP-PEG method to deal with enteral nutrition access in patients with cerebral palsy, spastic tetraparesis, severe kyphoscoliosis and interposed organs. It's not actually a new method, which has been used early in 2008 by Takahashi et al. Therefore, the manuscript showed a Lack of novelty. The dicussion is also poor.