

Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza, 315-321 Lockhart Road, Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4925

Title: Clinical significance of whiteness of gastric crypt openings observed by magnifying endoscopy

Reviewer code: 00001114

Science editor: Zhai, Huan-Huan Date sent for review: 2013-08-03 23:06

Date reviewed: 2013-08-10 14:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[Y] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[Y] Major revision

COMMENTS TO AUTHORS

This paper described that gastric crypt opening (CO) whiteness in ME image of the gastric corpus correlated with histological finding of inflammation and activity rather than detecting H.pylori infection by endoscopy. I recommend that the author should focus on this point, not detecting H.pylori infection or gastric cancer. I have the following comments and questions - 1. I am not sure the difference between this classification of COs whiteness and A-B classification by Dr. Yagi (Stomach and Intestine (Tokyo) Vol.42 No.5 (2007.04) P.697-704). It looks like that "white-edged dark spot" type is similar to B-0 type, "white" type is similar to B-1 type, and "DWP" type is similar to B-3 by Dr. Yagi. Please clarify the difference and where is a new finding. 2. In this study, a round pit pattern was not detectable in 104/350 areas examined. I speculate that it is difficult to detect a round pit pattern in case of severe atrophy. So I wonder this classification is not enough for patients with H.pylori infection because about 30% areas were not detectable. Please discuss this point. 3. I was wondering if patients with H.pylori infection were clearly divided into one of the three type of COs whiteness. Because the authors described that COs whiteness correlated with histological inflammation. If so, it seems that COs pattern is various and it seems not to be a homogenous distribution, in other word, it seems to be possible that the same patient has various type of COs. Please explain if COs whiteness pattern is homogenous or heterogeneous. If COs whiteness is heterogeneous, please show the way to decide the type of COs whiteness. 4. Is an area examined by ME the same as one biopsied? 5. Please comment if this method is reproducible or not in case of a different endoscopist performed this examination. 6. About the paragraph about gastric cancer in discussion, it seems to be too much speculation to consider the relationship between gastric cancer and COs whiteness pattern from this results.



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza, 315-321 Lockhart Road, Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4925

Title: Clinical significance of whiteness of gastric crypt openings observed by magnifying endoscopy

Reviewer code: 01557574

Science editor: Zhai, Huan-Huan Date sent for review: 2013-08-03 23:06

Date reviewed: 2013-08-21 16:41

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for
[] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

Dear Author; I read and checked this article title with "Clinical significance of whiteness of gastric crypt openings observed by magnifying endoscopy". This article is well-writen and well-designed for publication. It gives very new informations for gastroenterologist. So, It should be published without any changes. Thank you very much. Sincerely yours. Prof. Dr. Vedat Goral Izmir University School of Medicine Medical Park Hospital Department of Gastroenterology Izmir. Turkey