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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5206

Title: Sodium alginate ameliorates indomethacin-induced gastrointestinal mucosal injury via inhibiting translocation in rats

Reviewer code: 00068513

Science editor: Wen, Ling-Ling

Date sent for review: 2013-08-22 20:52

Date reviewed: 2013-09-06 16:50

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 checked="" type="checkbox"/> Grade B (Very good)	<input checked="" 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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

My opinions are as follows. 1. This study is of some significance to Sodium alginate ameliorates indomethacin-induced gastrointestinal mucosal injury via inhibiting translocation in rats. 2. Request according to the instructions for authors of WJG to polish the article. 3. Old references are too much, suggest to join the latest references in 2013.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5206

Title: Sodium alginate ameliorates indomethacin-induced gastrointestinal mucosal injury via inhibiting translocation in rats

Reviewer code: 02451447

Science editor: Wen, Ling-Ling

Date sent for review: 2013-08-22 20:52

Date reviewed: 2013-09-09 03:40

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" 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 investigated the protective effects of AL-Na on indomethacin-induced stomach and small intestinal lesions in rats, and concluded that the protective effect of AL-Na on small intestine is via bacterial translocation.

Major concerns

1. The authors concluded that the protective effect of AL-Na on small intestine is via inhibition of bacterial translocation several times especially in abstract and last paragraph of Discussion. However, the only evidence of the authors given are the measurement of enterobacterial count. The conclusion is not convincing which may be caused by mucin protection.
2. The authors looked the stomach and intestinal injuries caused by Indomethacin, but the observations only focused on small intestine. Actually, the injury mechanisms caused by NSAIDs in stomach and small intestine are different. The conclusion the authors got from the current study may not fit in the stomach. I would like have 2 suggestions: one is that this paper only talk about small bowel without mentioning stomach, the other way is do all the studies the authors did on the small bowel to compare if there are the same or not.
3. The authors only showed graphic and histology of injuries, I would like to show the gross picture too to see the mucosal injuries.

4. The authors use normal (Nor) indicate untreated animals and control (Cont) indicate animals treated with Indomethacin. This is very confusing. In conventional biomedical studies, "Control" indicates untreated or sham groups. It is better the authors change "control" for untreated rats .
5. The authors are from Pharmaceutical lab, they should understand this kind of study should have enough control groups. For example, Solution used to dissolve indomethacin and Al-Na alone all should be included in the study as controls. If the authors have them already, please mention in the method part.
6. Many spelling and grammar errors, please ask English native speaker who has biomedical ground to read this manuscript before submission.
7. Method-induction of small intestine injury, are those animal fasted or not?
8. All the studies in small bowel focused in ileum, have the authors compared the differences between duodenum, jejunum or ileum? Clinically, it is also seen injuries in duodenum caused by NSAIDs in patients.
9. Figs 2C is a completely normal small bowel histology. I did not see any abnormality in it. The fig 1 showed only oxyntic gland mucosa without showing antral mucosa, any injury in antral mucosa? The Pas stains in Fig 6 also has similar problem, normal mucosa is abnormal and abnormal mucosa was explained normal. I wonder if the authors showed the pictures to somebody who knows pathology of small bowel or stomach?
10. Same as concerns #9, the authors called indomethacin reduced length of small intestine. Are you sure you are talking about "length" of small intestine, not villous height?
11. Page 9, regarding body weight, anemia, etc. I assume the authors mean that in the small intestine injury group. Please make clear. Are they that fast to have these changes in acute use of indomethacin?
12. As to the mucin depletion stained by PAS, I would suggest do one more IHC stain by using MUC2 antibody. It would be more convincing that PAS stain alone and mucin measurement.

Minor concerns

1. PCNA IHC stain in the method is not complete.
2. Many abbreviations are not given full name for their first time use, especially in the abstract.
3. Title is not appropriate.
4. Titles and subtitles should be bold.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5206

Title: Sodium alginate ameliorates indomethacin-induced gastrointestinal mucosal injury via inhibiting translocation in rats

Reviewer code: 00919245

Science editor: Wen, Ling-Ling

Date sent for review: 2013-08-22 20:52

Date reviewed: 2013-09-19 17:18

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 checked="" 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 checked="" type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Authors used rats indomethacin-induced gastrointestinal mucosal injury model to show the effects of drugs including sodium alginate. This manuscript has interesting data, which is new findings. However, I have some comments and question to the authors. major comments: 1)The title of this manuscript "Sodium alginate ameliorates indomethacin-induced gastrointestinal mucosal injury via inhibiting translocation in rats." may be inappropriate. Because authors have not a direct evidence of translocation(may be bacterial translocation?). Moreover, neither ref#7 nor 36 did not show the evidence of BT. 2)Authors showed both the stomach and small intestine data. I do not understand completely why authors included the stomach data. 3)In Introduction, authors commented PPI but not rebamipide. However, throughout this paper, authors compared the effects of sodium alginate and rebamipide. Why did not authors introduce rebamipide in Introduction? 4)Do authors have any references regarding this indomethacin-induced mucosal injury model? In addition, why did authors chose the timing of drug administration (ie.30min and 6h)? 5)Results (Fig1) Mucosal layer is clearly shown in Fig1F. But I do not see the layer in Fig1G. In addition, the layer in Fig1F seems to be thicker than that in Fig1C(control). What is authors interpretation? (Fig2) I do not see the correlation between Fig2A and Fig 2C,2F,2G. The mucosal damage in Fig2E seems to be worst among the groups. (Fig4A) Authors evaluated the length of intestine. I would measure the height of intestinal wall. Why did authors evaluate the length to analyze the effects of drugs on indomethacin-induced atrophy? Authors described that rebamipide had no effect on PCNA staining and AL-Na had strong effects on PCNA staining. But I do not see the difference of PCNA staining between Fig4D and 4F. On the other hand,PCNA staining of Fig4E is impressive. (Fig6) A PAS staining of Fig6A seems to be not so strong, which result is dissociated from that of Fig6A. The different way of sectioning might affect this dissociation. minor comments: The "hematocrit" is wrong in spelling in Fig3C.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 5206

Title: Sodium alginate ameliorates indomethacin-induced gastrointestinal mucosal injury via inhibiting translocation in rats

Reviewer code: 02441722

Science editor: Wen, Ling-Ling

Date sent for review: 2013-08-22 20:52

Date reviewed: 2013-10-02 17:23

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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
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		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1) Authors indicate the phenomenon of physical protective mechanism of AL-Na to the mucosal surface. Is there some molecular biological mechanism of AL-Na to the mucosa ? 2) In Figure legends of Fig. 1, (B) is not explained this MPO activity graph. Moreover, the explanation of (G) in Fig. 1 dose not find in Figure legends. Author should correct the Figure legends of Fig. 1. 3) In Results of Fig. 1, Fig.1C is seen like severe gastric injury. Fig. 1G is seen like normal mucosa. Author should check the order of the Figures. 4) In Fig. 4C, PCNA positive crypt is not clear. Author should indicate these positive crypt by arrows.