

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4990

**Title:** Hyperamylasemia is associated with increased intestinal permeability in patients undergoing diagnostic oral double-balloon enteroscopy

**Reviewer code:** 00069406

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-08-08 11:53

**Date reviewed:** 2013-08-11 22:16

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

This is a significant study which focused on the correlations between serum amylase level, intestinal permeability (IP), and DBE. Though DBE-associated acute pancreatitis is rare, hyperamylasemia is common but its mechanism remains unknown. This is the first study to prove the hyperamylasemia was due to enhanced IP rather than the injury to pancreas. This kind of studies are encouraged because their results will improve the clinic DBE procedure. However, the following weakness needs to be concerned. 1.The sample size is small as not so powerful to make a conclusion. I do not know why the researcher excluded enterostenosis, tumors, or inflammatory bowel disease. Even the bowel diseases will affect the results of PI, they can make a subgroup analysis. Because above diseases were the most reason to perform DBE. 2.If there were only 20 cases included, please don't say "A prospective study was conducted of 60 consecutive DBE patients..." in the method section of the abstract, that will mislead readers. 3.For table 2, there is no comparison between oral and anal for PI at 0 or 6h. 4.Please explain the insert length method briefly. 5.The introduction and discussion are too long which needs compression.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4990

**Title:** Hyperamylasemia is associated with increased intestinal permeability in patients undergoing diagnostic oral double-balloon enteroscopy

**Reviewer code:** 00048752

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-08-08 11:53

**Date reviewed:** 2013-08-23 15:18

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 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"/> 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 to address hyperamylasemia, one of the important complication after DBE. They have addressed scientific approach to clarify the mechanism. Overall messages are clearly stated. Major # In page 11, they stated that increased post-procedure IP correlated with increased serum analysis and procedure duration. Please show graph showing correlation between these parameters. # in page 14, they stated that "improved DBE maneuvers is required". They should refer to this point more in detail, including how to improve this. Minor # They finally assessed 20 patients including 12 oral and 8 anal DBE. Of 20 cases, how many positive findings are found? Also how many therapeutic approach was done? Is there any difference between subgroups (e.g. positive findings VS negative findings, therapeutic vs non-therapeutic)? Please clarify. # Please clarify the method that they have evaluated the insertion length. #

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4990

**Title:** Hyperamylasemia is associated with increased intestinal permeability in patients undergoing diagnostic oral double-balloon enteroscopy

**Reviewer code:** 00180958

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-08-08 11:53

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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 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 paper, but some comments are important: 1. The sample is too small 2. What lesions were detected in those 20 patients? 3. When the authors say "improved DBE maneuvers is required", what do they mean? 4. The introduction and discussion are too long