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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6619

**Title:** Percutaneous Endoscopic Gastrostomy (PEG): Indications and Contraindications, Technique, Complications and Management

**Reviewer code:** 02542019

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-10-25 19:44

**Date reviewed:** 2013-11-18 12:53

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
<input 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

Overall comments: This is an interesting invited article summarising the indications, complications and after care for PEGs. There needs to be careful attention to sentence construction and formatting. There are numerous examples where the determiners or prepositions are missing or incorrect. It is difficult to point all of these out given there are no lines given in the manuscript, but examples include page 1 in last sentence of the first paragraph "Tube feeding through gastrointestinal (GI) tract is considered when patients"; page 1 after reference [11] "The decision for placing tube should"... "not necessarily correlated with patient's nutritional improvement"; on page 2 after reference [15] "Some experts recommend that in patients who are not able to meet their nutritional need should start nasogastric"; page 5 under the section HIV/AIDS "In another study in children with AIDS who fed chronically by gastrostomy tube"; page 6 in the last sentence "In a systematic review of ten eligible randomised controlled trials (RCTs) that evaluated prophylactic antimicrobials in 1100 patients found a statistically"; page 8 under the section Metastasis of Malignancy to the stoma, "The diagnosis usually delayed until metastasis gets big enough to be visible or cause local presentation like or bleeding or infection", to highlight a few samples. There are many more throughout the text which require editing. There are also several formatting errors on each page, in particular when referencing. Examples include page 1 in the first paragraph "bacteremia[3].", page 1 second last paragraph "nutritional response to PEG.[11]", page 4 "patients with high(>50%) and low (<50%) forced vital capacity(FVC) [21] ... with ALS who had low FVC (< 50%)[22]." to mention a few. There are double spaces between some words in the middle of sentences and sometimes no space after full stops throughout the manuscript that should be edited. The take home message for the



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Gastroenterologist would be main indications, relative and absolute contraindications and main complications. A small discussion about blocked PEGs (see under page 9 comments) and truly dislodged PEGs would be helpful as this is often not managed well in the outpatient setting. Specific comments Page 3: 1. In the introduction it states that “the primary indication for enteral and parenteral feeding is the provision of nutritional support to meet metabolic requirements for patients suffering from temporary or permanent dysphagia”. This is misleading as enteral and parenteral feeding is not just indicated in patients with “temporary or permanent dysphagia”, but a broad range of conditions. Suggest revise. 2. The end of the first paragraph states “Tube feeding through gastrointestinal (GI) tract is considered when patient cannot or will not swallow” Again, this is misleading as the “cannot or will not swallow” is not the only indication for tube feeding, and in general, the majority of indications for tube feeding in hospitals would be used for insufficient oral intake not necessarily in patients who cannot or will not swallow. Furthermore, a PEG or tube feeding is not indicated just because a patient will not swallow. 3. In the second last paragraph of the page after reference [11], the authors mention that “it is difficult to access improvement of functional response to PEG”. Access is not the right word in this context - suggest revise. Page 4: 1. In the second line there is unnecessary repetition: “the mean loss of body weight in all patients during the three months was 1.35 +/- 1.5 kg in the three months before starting PEG tube nutrition” - suggest remove 2. In line 4 “suggests that initiation of PEG tube nutrition as soon as medical necessity is established to prevent further significant weight loss” - suggest change “to” to “can” 3. Under the heading “ALS”, the second line mentions “anatomic deformation”. Deformity is perhaps a better choice of word 4. Line 6 under the “ALS



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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 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	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

Manuscript review-ESPS Manuscript NO: 6619 TITLE: Percutaneous Endoscopic Gastrostomy (PEG): Indications and Contraindications, Technique, Complications and Management AUTHORS: Ata A. Rahnemaiazar et al. This is a review article encompassing all the major clinical areas of Percutaneous Endoscopic Gastrostomy (PEG). This paper deals with indications and contraindications, techniques for placement, complications and their management. The manuscript is interesting, even if similar articles have already been published. The various issues are well and clearly treated, and references are exhaustive. However, I think the Authors should amend some points: 1. The manuscript should be submitted according to "Instruction to Authors", and the style for references should be modified according to the WJG guidelines 2. Page 3, last line. Box 1 should be removed and replaced by a discussion about the clinical settings in which PEG placement is controversial, such as advanced dementia, end-stage-AIDS, terminal cancer (see: Angus F. et al. The percutaneous endoscopic gastrostomy tube: medical and ethical issues in placament. Am J Gastroenterol 2003; 98: 272-277; DeLegge MH. et al. Ethical and medicolegal aspects of PEG-tube placement and ....Gastrointest Endosc 2005; 62: 952-959; Volkert D. et al. ESPEN Guidelines on enteral nutrition: geriatrics. Clinical Nutrition 2006; 25: 330-360; Hwang D et al. Feeding tubes and health costs postinsertion in nursing home residents with advanced dementia. J Pain Symptom manage 2013). 3. Page 5. After reference 34, the authors should add some comment on the increase in annual inpatient health care costs of PEG tube insertion in patients with advanced dementia (Hwang D et al. Feeding tubes and health costs postinsertion in nursing home residents with advanced dementia. J Pain Symptom manage 2013) 4. Page 6, complications, line 6. Please, add the following



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reference: Zopf Y et al. Predictive factors of mortality after PEG insertion: guidance for clinical practice. JPEN 2011; 35: 50-55 5. Page 8, Buried bumper syndrome. At the end (.. or external traction of the tube [112-113]), the authors should add "It can be avoided by adequate aftercare treatment" or similar sentence 6. Page 9, Preparation. At the end of the last sentence (The current gold standard is 2 g cephazolin iv) some reference should be added.



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**Title:** Percutaneous Endoscopic Gastrostomy (PEG): Indications and Contraindications, Technique, Complications and Management

**Reviewer code:** 00158526

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-10-25 19:44

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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 checked="" 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
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		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Review for the manuscript No:6619 Percutaneous Endoscopic Gastrostomy (PEG): Indications and Contraindications, Technique, Complications and Management  
 General comments: This is a nice review of the literature describing PEG, it's Indications and Contraindications, Technique, Complications and Management. Beside that I have minor remarks: - an abstract is too short - there is almost no description of one step low profile button technique - in the part of complications the authors should mention granulation tissue as the most frequent complication after PEG insertion