



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: 9211

Title: Comparison of a novel bedside portable endoscopy device with nasogastric aspiration for identifying upper gastrointestinal bleeding

Reviewer code: 02529120

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:04

Date reviewed: 2014-02-15 14:32

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

A very interesting paper addressing the important clinical problem of triaging upper GI bleeding. I feel that the most useful role of this new tool would be in identifying food in the stomach which may increase aspiration risk with sedation. This is stated by the authors along with other potential benefits, but I feel this point is the most salient, and other potential advantages stated are overemphasised. The role of EG scan in detecting esophageal bleeding in cirrhotics I feel is not relevant as these patients would all go on to have formal EGD and EG scan may delay this. The poor sensitivity for gastric and duodenal blood and lesions also limit the usefulness of this tool. It is reassuring that this EG scan is not operator dependent, however patients did not appear to tolerate the test very well.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9211

Title: Comparison of a novel bedside portable endoscopy device with nasogastric aspiration for identifying upper gastrointestinal bleeding

Reviewer code: 02544637

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:04

Date reviewed: 2014-02-19 08:16

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 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	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

1. The abbreviations of some medical terminology in the abstract, such as NG, EG, should be given the full name at where they are firstly mentioned. 2. What's the accurate explanation of the last item of exclusion criteria 'no final esophagogastroduodenoscopy (EGD) evaluation'. Did 'the final EGD' mean that patients who were eligible for this study refused the final EGD? 3. The primary outcome should be described with numerical index other than effectiveness and safety outcome. 4. Did the study receive the approval of the medical ethics committee? 5. The data of the two groups should be listed respectively both in Tables 1 and 2. 6. The number of patients with UGI bleeding was 81 in Table 2, but the sample size of patients with UGI Bleeding in accuracy calculating in Table 4 was 93 (the definition of accuracy in the manuscript, "Accuracy was the proportion of all cases correctly identified by the test"), so how did you get the number? 7. The number of patients with esophagus diseases was 20 in Table 2, but in Table 4 the number was 68, which include what kinds of patients? 8. The average time from NG tube aspiration to EG scan was 129.5 ± 190.5 min. It's too long to ensure the reliability of the conclusion, for considering that the UGI bleeding might stop automatically. 9. Every patient took EGD for final diagnosis, but the author didn't give the time interval, for which would affect the reliability of the conclusion as the UGI bleeding might stop automatically during the interval. 10. In this study, patients received NG first, and then received EG. Did the diagnosis of UGI bleeding was made by different doctors. If the doctor check the NG result, and then check EG result subsequently, it may affect his/her diagnosis and result in false positive rate of EG. 11. Kindly recommend you could read the references: Nirmal SA, Ingale JM, Pattan SR, Bhawar SB.



Baishideng Publishing Group Co., Limited

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

Amaranthus roxburghianus root extract in combination with piperine as a potential treatment of ulcerative colitis in mice. *J Integr Med.* 2013; 11(3): 206-212.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9211

Title: Comparison of a novel bedside portable endoscopy device with nasogastric aspiration for identifying upper gastrointestinal bleeding

Reviewer code: 02533618

Science editor: Qi, Yuan

Date sent for review: 2014-01-27 15:04

Date reviewed: 2014-02-27 18:35

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 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
<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 authors aimed to evaluate the efficacy and safety of this novel bedside portable endoscopy device by comparing the outcome of this scope with that of the NG tube for the identification of the source of gastrointestinal bleeding. In the acute upper gastrointestinal tract bleeding in order to choose the most effective treatment strategy, determination of the exact bleeding site is an important issue. In the cases when the bleeding could not be stopped by the conservative strategies, the urgent surgical interventions are necessary. However when the exact bleeding site could not be determined, the choice of the surgical intervention type is the most important decision. After the cleaning of the stomach via the nasogastric tube, in order to determine whether the bleeding site is esophagus, stomach or duodenum, endoscopy should be done. Although the diameter of portable endoscopy device used in this study is 16-French NG tube, it contains airway channel, optical system and aspiration channel inside the device. The aspiration of the blood out of the stomach is a difficult issue during the acute bleeding, therefore, while the blood and the blood clot is aspirated by the NG, at the same time endoscopy should be undertaken. The application of the technic at the bedside, while an endoscopist is not needed and the esophageal lesions could be distinguished is the positive factors of this method. Because when the bleeding could not be control by the conservative approaches, the surgical modalities that should be applied to the stomach and esophagus are different. The most important advantage of this method that was applied in the manuscript is the statistically significant sensitivity, specificity and accuracy of EG scan in the esophageal lesions.