

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6367

Title: HELICOBACTER PYLORI INFECTION IN OBESITY AND ITS CLINICAL OUTCOME AFTER BARIATRIC SURGERY

Reviewer code: 00504677

Science editor: Cui, Xue-Mei

Date sent for review: 2013-10-16 11:23

Date reviewed: 2013-10-17 05:42

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

Interesting study ,however it needs some corrections : 1.the references has to be re-written as reference 7 comes after 4 and 16 after 7 .it has to be in consequential order[1,2,3,4,.... and so on] 2.

PREVALENCE OF Hp INFECTION IN OBESE PATIENTS:ok 3. Hp INFECTION AND PATHOPHYSIOLOGY OF OBESITY:not only Ghrelin is playing a role in the pathophysiology of obesity but also other mechanisms such as endocrine pathology ,genetics,socioeconomic ,geographical distribution and other unknown factors. Therefore it is very difficult to accept that ghrelin is the major player in the obesity etiology. 4.Hp AND BARIATRIC SURGERY: "Routine upper GI endoscopy studies, with concurrent Hp screening and biopsy to rule out pathologic abnormalities (e.g. esophagitis, polyps, hiatal hernia, gastritis, duodenitis), reported that abnormalities are present in up to 91% of bariatric candidates [10,14,20], with an higher incidence in patients with concomitant Hp. infection [9,12,61]. " The quoted studies were trying to push for gastroscopy before bariatric surgery.Majority of diagnosed problems on ogd are expected to be cured by bariatric surgery.HP as a cause of post bariatric surgery problem is hardly of clinical significance although some reports linked stomal ulcer to HP infection.Even though stomal ulceration is a rare complication of gastric bypass when performed by experienced surgeon.In conclusion the yield of gastroscopy before bariatric surgery is of negligible benefit. 5.EFFECT OF HP INFECTION ON BARIATRIC SURGERY OUTCOMES: "Firstly, eradication should decrease the risk of gastro-duodenal peptic lesions in the remnant, and thus decrease early ulcer-related postoperative symptoms as well as later ulcer complications; " This is theoretical statement.post gastric bypass ulceration of remnant stomach is extremely rare and very difficult to prove as the



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bypassed stomach can not reached by conventional gastroscopy,also late complication of gastric ulcer in remnant stomach is extremely rare or not reported. Table 1and 2: word should be world

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Title: HELICOBACTER PYLORI INFECTION IN OBESITY AND ITS CLINICAL OUTCOME AFTER BARIATRIC SURGERY

Reviewer code: 00057868

Science editor: Cui, Xue-Mei

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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"/> 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 a review paper. No new information is presented here. It is interesting in that it reviews the prevalence and outcomes of gastric bypass in patients with Helicobacter pylori infection. The association with reducing ghrelin levels has been reported elsewhere. It is a very nice literature review on the topic.

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Title: HELICOBACTER PYLORI INFECTION IN OBESITY AND ITS CLINICAL OUTCOME AFTER BARIATRIC SURGERY

Reviewer code: 00004764

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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
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		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This concise review summarizes a modest amount of controversial data on H. pylori in obesity focusing on pathophysiology as well as implications for obesity surgery. Several areas can be expanded with more critical evaluation of the studies and potential reasons for disparities of the findings. 1. It is interesting that you note that African Americans and Hispanics have a higher probability of H. pylori. Interestingly, these are two populations at least in the U.S. which have the highest obesity rates. 2. I would agree that the great differences in H. pylori infection rates amongst these studies are undoubtedly related to the method of detection. Perhaps you can scrutinize the studies once again to better define which studies use two methods for diagnosis which would be the gold standard or if not available which one used breath tests. Stool antigen was not mentioned. Also, we know of the ubiquitous use of proton pump inhibitors and its effect on the sensitivity of testing. 3. You summarize a large amount of data relating ghrelin, H. pylori infection, and perhaps obesity pathogenesis. Suffice it to say this is controversial with clearly no evidence either way. One factor you did not mention perhaps is age. Significant gastric atrophy is more common in the elderly and most obesity is well defined at least at a younger age. 4. Under Section 3 again there are differences among studies and perhaps one could better define why these differences are present. 5. Under # 4, we know that generally H. pylori does not cause any significant symptoms. It was interesting to note of the reduced eradication rates in obese subjects. Do we know anything about use of antibiotics based on weight? 6. It is interesting that there are no great recommendations from the societies of how to evaluate these patients preoperatively. One would suspect that eradication of H. pylori would be important given that a portion of the stomach will now not be available for



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easy endoscopic examination. Perhaps a recommendation that *H. pylori* should be looked for by two methods and careful follow-up after a vigorous antibiotic regimen, perhaps based on weight, should be performed.