



# Baishideng Publishing Group Co., Limited

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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:** 8601

**Title:** Clinical Experience of Refeeding Syndrome in Southeastern Taiwan

**Reviewer code:** 01220793

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-12-31 12:56

**Date reviewed:** 2014-01-03 20:18

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 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 is an important manuscript in the era of the high population of elderly malnourished patients who are being nourished either orally, enterally or parenterally in nursing homes. The authors describe symptoms and treatments in 11 patients with suspected RFS. As the authors describe the importance of insulin in developing RFS, it is crucial to know the serum glucose level of patients with RFS on admission, during initial feeding (during developing RFS), and after nutritional consultation. Insulin increases Na-K-ATPase pump activity which, independently of its effect on glucose transport, causes K<sup>+</sup> in and Na<sup>+</sup> out of the cells in a 2:3 ratio, leading to a K<sup>+</sup> shift into muscle and liver cells. As the result, it is crucial to take care not only the cellular level of phosphate but potassium which is reflected by the QT interval on the electrocardiogram, and/or the onset of arrhythmias. Major criticism 1) Based on the above considerations, the role of intracellular level of potassium along with that of phosphate should be added in the discussion section, not in the introduction section to develop RFS. 2) Describe cardiovascular signs and symptoms, including electrocardiographic findings if any, during the RFS. Minor criticism 1) Table 4 Biochemical values including serum glucose level are necessary in the following periods: i) on admission (before the start of hospital nutrition) ii) during suspected RFS( Initial status should be paraphrased) iii) during the nutritional correction for RFS.