

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 8990

**Title:** A Novel Cause of the Syndrome of Inappropriate Antidiuretic Hormone Secretion: Hyponatremia Caused by a Polyethylene Glycol Preparation

**Reviewer code:** 02584466

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

**Date sent for review:** 2014-01-16 16:57

**Date reviewed:** 2014-01-18 04:55

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 checked="" 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**

The manuscript reports an interesting severe complication of colonic cleansing with a PEG solution. There are two points that need clarification: (a) Even with elevated serum ADH levels, hyponatremia will not develop unless there is substantial intake of water. It is probable that a part of the 4 liters consumed was absorbed. (b) PEG absorbed into the blood will cause an elevation in serum osmolality, some degree of hyponatremia from osmotic water transfer out of cells and an increase in osmolar gap (difference between serum osmolality measured by depression of freezing point, or by another colligative property measurement, and calculated osmolality, which is the sum of the osmotic equivalents of sodium, urea and glucose). The measurement unit for osmolality is mOsm/kg and for osmolality mOsm/L. Effective osmolality (not osmolality) is the sum of the osmotic equivalents of sodium plus glucose. There is no laboratory measurement for effective osmolality available to clinicians. The text states that the patient had a decreased effective serum osmolality of 233 mOsm/kg. The authors need to clarify whether the serum osmolality values represent direct measurement of osmolality (in which case it is total, not effective serum osmolality) or estimated effective osmolality. In the second case, it is possible that total osmolality was initially higher if PEG were present in the serum. I also suggest strongly addition of serum glucose levels to Table 1. On another point of interest, if there were measurements of serum sodium concentration prior to the ingestion of PEG solution, they should be mentioned.

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**Reviewer code:** 02521666

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

**Date sent for review:** 2014-01-16 16:57

**Date reviewed:** 2014-01-29 15:05

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)	<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**

The authors report a case of acute symptomatic hyponatremia following bowel preparation with polyethylene glycol. This is an interesting report that merits reporting. Some further details and clarifications are needed. In the abstract it says that the patient was treated with normal saline. In the case report it says that the patient was treated with 3% sodium chloride. The abstract should be changed to 3% sodium chloride. More details about the evaluation of SIADH should be given. The serum potassium should be reported. Urine electrolytes with a fractional excretion of sodium and fraction excretion of urate should be reported if available. The exact cortisol value should be reported. A cortisol level should be high with hyponatremia, so normal or low normal value may be inappropriate. Additional history should be provided if she had symptoms of nausea, vomiting and headache preceding her hyponatremic seizure. They are almost universal findings of hyponatremic encephalopathy, so she may have had them. The patient's weight should be included in the report. Mention of a dietary history, alcoholism should be provided if available. Alcoholics and patient with malnutrition are at increased risk for hyponatremia. It may be worth specifically mentioning that she was not on a thiazide diuretic or SSRI. Some details should be given as to how she was treated with hypertonic saline, the rate of correction in serum sodium.



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**Reviewer code:** 00058448

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

**Date sent for review:** 2014-01-16 16:57

**Date reviewed:** 2014-02-11 16:27

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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" 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**

- #1. Does the patient have excess fluid during bowel preparation that can cause the hyponatremia ?
- #2. The table 2 can be avoided. Instead, the authors may summarize the reported cases of hyponatremia during PEG use as table 2.

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**Title:** A Novel Cause of the Syndrome of Inappropriate Antidiuretic Hormone Secretion: Hyponatremia Caused by a Polyethylene Glycol Preparation

**Reviewer code:** 00225277

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

**Date sent for review:** 2014-01-16 16:57

**Date reviewed:** 2014-02-14 05:58

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
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		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The authors present a case report of a patient with a complication related to the colon cleansing preparation for colonoscopy. The patient was admitted to the hospital after PEG colon cleansing preparation for colonoscopy because of an acute reaction leading to stupor requiring intensive care admission and was finally diagnosed with a syndrome of inappropriate secretion of antidiuretic hormone. PEG colon cleansing is considered safe and this is a rare condition induced by PEG colon cleansing for colonoscopy in a middle aged patient needing intensive care. The description of this exceptional complication is interesting and it is convenient to have knowledge in this regard. The presentation, the diagnostic work-up and the Discussion are adequate and supported by updated bibliographic data.

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**Reviewer code:** 01434945

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

**Date sent for review:** 2014-01-16 16:57

**Date reviewed:** 2014-02-15 13:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

Thank you for submitting a well organized report with interesting case. I finished the review process of this case report. This case report states a case of SIADH which seems to be associated with ingestion of PEG as a precolonoscopic preparation. I think this manuscripts is worthy of publication in that it is a rare case which can give several lessons to the readers. And the linguistic expression is simple and easy to understand. However, there are several points which to be considered. Major point: 1. Please comment about the possible mechanisms of PEG to induce SIADH. 2. Isn't there any possibility for medicine (anti diabetics, antihyperlipidemics) to induce SIADH? Minor point: 1. Please use MeSH term for SIADH.