



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 7786

Title: Successful surgical strategy in a late case of Boerhaave’s syndrome

Reviewer code: 02549958

Science editor: Na Ma

Date sent for review: 2013-11-30 22:05

Date reviewed: 2014-03-18 21:39

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The article presents a successfully treated spontaneous esophagus rupture. The novelty of this case is the application of the suctioning- rinsing drainage beside primer suture. The primer suture is a method that can be applied in special cases even in late perforations. Its literature is quite wide-ranging. The drainage cannot be considered as quite a new method either. The curiosity is the application of a special suctioning-rinsing drain. In my opinion this operating technique can be successful in case of minimally suture failure and it can be substituted with other methods (e.g. stent vs. inserting clip, t tube etc.) Discussion is incomplete especially in the field of presenting the treating methods of late perforations.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 7786

Title: Successful surgical strategy in a late case of Boerhaave's syndrome

Reviewer code: 00045997

Science editor: Na Ma

Date sent for review: 2013-11-30 22:05

Date reviewed: 2014-03-25 19:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Thank you very much for having me this opportunity to review this paper. This paper is well described with impressive pictures and worth to be published in World Journal of Gastroenterology.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 7786

Title: Successful surgical strategy in a late case of Boerhaave's syndrome

Reviewer code: 00057695

Science editor: Na Ma

Date sent for review: 2013-11-30 22:05

Date reviewed: 2014-03-26 16:06

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"/> Existing	<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 checked="" type="checkbox"/> Rejection
<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript describes the surgical management of a 45-year-old man with Boerhaaves syndrome. The patient presented within 48 hours of the perforation which the authors considered late! Much later presentations (maximum 1 month) have been reported before. For the surgical treatment the authors approached the perforation via left thoracotomy, did primary repair of the perforation (5 cm long) in two layers, placed a naso-gastric tube (NGT) in the proximal oesophagus and placed a y-chest drain to irrigate and drain the pleural cavity. Then the authors performed laparoscopic gastrostomy tube for gastric decompression and a jejunostomy feeding tube to maintain postoperative nutrition. I am not sure the NGT in the proximal oesophagus and a laparoscopic gastrostomy to deflate the stomach are both necessary. Placing a NGT in the stomach may suffice. Decompressing the proximal oesophagus is not indicated and I feel that continuous irrigation at the site of repair may hamper healing. Unfortunately, this case adds nothing new to the controversy surrounding the management of late Boerhaaves syndrome. I also have the following comments: 1. The manuscript is well written and well-referenced. 2. Surgical management of late Boerhaaves syndrome is controversial and there is no general consensus. There may be some innovative technique here by using the y-chest drain for irrigation and drainage, but I continuous drainage next to the site of repair may hamper healing and this may be a contributory factor for the initial leak. 3. I am not sure the NGT in the proximal oesophagus and a laparoscopic gastrostomy to deflate the stomach are both necessary. Placing a NGT tube in the stomach may suffice. Decompressing the



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proximal oesophagus is not indicated. 4. Definitely the laparoscopic jejunostomy was essential to maintain enteral nutrition. 5. In the introduction, sentence "involved surgical repair of the perforation and a series of drainage procedures, thoracotomy and laparoscopic gastrostomy, and feeding jejunostomy." Please rephrase for further clarity. 6. The authors mentioned that "the perforation edge were necrotic and oedematous", but they did not mention if they needed to refresh the edges prior to the repair. Also what was the repair was done with? What type and strength of sutures?



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 7786

Title: Successful surgical strategy in a late case of Boerhaave's syndrome

Reviewer code: 00004485

Science editor: Na Ma

Date sent for review: 2013-11-30 22:05

Date reviewed: 2014-03-28 06:33

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. Please mention use of self-expandable metal stents (SEMS) in conjunction with thoracoscopic or interventional radiologic drainage of the contaminated chest cavity as an alternative to open surgery in Boerhaave's syndrome. This has been the approach of the reviewer for the past 5 years. 2. Minor grammar suggestions: a. Abstract: Line 4 = regarding late perforations b. Core tip: Line 3 = especially in late perforations c. Core tip: Line 9 = for late Boerhaave's... d. Case report, line 3 = A chest x-ray at that time e. Case report, lines 13-14 = Subsequent computed tomography...with a large collection diagnostic of esophageal perforation f. Case report, paragraph 2, line 15 = was closed in layers.