

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9568

Title: Successful treatment of refractory gastric antral vascular ectasia by antrectomy:A case report

Reviewer code: 02822816

Science editor: Yuan Qi

Date sent for review: 2014-02-21 14:56

Date reviewed: 2014-03-01 03:38

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 checked="" 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)		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

To the authors, I have several concerns (listed below) about your manuscript. First, your paper should be entirely rewritten because of too many grammar and spelling mistakes. You should seek a copyediting service provided by professional English language editing company (see Policy on manuscript submitted by non-native speakers of English). Abstract: -is too long; please make it shorter. -there are several grammar errors and some phrases are rather confusing (eg, "while the patient occurred melena again..", "those with non-concurrent with Cirrhosis" etc) Introduction -fourth phrase: please, specify "currently available endoscopic method" Case report Section should be rewritten. First paragraph: there are several grammar mistakes: -"his medical history...were necessary transfusion", "two GE endoscopy" (endoscopies), "gout that commended by Aspirin" Second paragraph-the same observations: -"pyloru was all involved", "the histological performance...", "the Patient.." , "friction between endoscopy and ..."! Discussion: Page 3, first paragraph, second phrase: "Is more higher for about 62%" -is confusing. Second paragraph, first phrase: "options...choices" Page 4, second paragraph, first 2 phrases: Please, make them clear for readers. Third paragraph, third phrase: "Before the establishment of endoscopic...", please, rewrite. Page 4, last phrase is confusing: "Here We boldly proposed that antrectomy could be considered as first line treatment options..."!, please rewrite it.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9568

Title: Successful treatment of refractory gastric antral vascular ectasia by antrectomy:A case report

Reviewer code: 00028922

Science editor: Yuan Qi

Date sent for review: 2014-02-21 14:56

Date reviewed: 2014-03-04 23:13

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

COMMENTS TO AUTHORS

Dear authors, this is an interesting case report including interesting Figures. There are only minor comments from my side: 1.) Language should be checked by a native Speaker 2.) Introduction and Discussion section should be shortened.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9568

Title: Successful treatment of refractory gastric antral vascular ectasia by antrectomy:A case report

Reviewer code: 01115220

Science editor: Yuan Qi

Date sent for review: 2014-02-21 14:56

Date reviewed: 2014-03-29 19:27

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)		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

The authors have reported a case of GAVE that was treated successfully with antrectomy. Whilst this case is not unique and antrectomy has long been regarded as a satisfactory treatment, this case is interesting in that it reminds us that surgery definitely has a place in the treatment of this condition. Several issues in the paper deserve clarification. 1. Use g/L as haemoglobin units. 2. I do not think GAVE is that rare, not that common but some evidence of the reported prevalence would be useful to support this statement. 3. I do not think there is any evidence that acid suppressive drugs are effective. Medical therapy includes hormones, tranexamic acid and also somatostatin analogues. 4. APC would be regarded as the endoscopic modality of choice, what other methods are the author alluding to in the introduction? 5. The actual case report is confusing - where these previous endoscopic features genuine or merely a misdiagnosis of the GAVE? 6. What was the treatment for the hypertension? 7. What were the "consequences" of haemorrhagic gastritis? 8. Is it not possible or even likely that the major haemorrhage 3 days after extensive APC treatment actually was due to APC induced ulceration rather than the GAVE itself? 9. It is a shame there is no image of the GAVE after APC treatment. 10. In my quite extensive experience with this condition, it is always possible to pass the pylorus with the endoscope, certainly before one starts using APC and any endoscopy or APC-induced bleeding is always controllable acutely. What settings and equipment was used for the APC? From the image the GAVE is not extremely severe. 11. The statement that antrectomy should be a first line option is perhaps too bold, what are the complications of surgery and indeed why not advocate surgery in those with connective tissue diseases?

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 9568

Title: Successful treatment of refractory gastric antral vascular ectasia by antrectomy:A case report

Reviewer code: 00537853

Science editor: Yuan Qi

Date sent for review: 2014-02-21 14:56

Date reviewed: 2014-03-31 23:07

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 checked="" 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"/> 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

This paper report a clinical case of gastric antral vascular ectasia (GAVE) treated initially by endoscopic approach and then by surgical resection after failure of endoscopic treatment. I have some comments: - Are images during APC or at the end of the procedure available? - More details about surgical resection are necessary (surgical approach: open/laparoscopic; reconstruction, and so on) - Discussion: "Surgery has the advantage to be a definitive therapy but with high morbidity and mortality risks, especially in patients with severe co-morbidities, such as liver cirrhosis". This statement need references. - Extensive English revision by native speaker is necessary