

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11060

Title: Scintigraphy in laryngopharyngeal and gastroesophageal reflux disease: A definitive diagnostic test ?

Reviewer code: 00039422

Science editor: Su-Xin Gou

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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		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 study is a nice presentation, statistically well evaluated, about a relatively old tool like scintigraphy, and its role in the assessment of laryngopharyngeal reflux. Indeed scintigraphy has been considered, as proposed in the title, a possible definitive diagnostic test. Although the results are suggestive, the group of patients studied is a selected one, as the authors admit, and it is difficult to accept this test as a potential screening tool, as written in the conclusions: less favorable results have been reported with scintigraphy in less homogenous groups of patients, as pointed out in the discussion. Moreover, recent tests for LPR diagnosis, still under evaluation but certainly promising, are not mentioned in the discussion: the Dx-pH measurement system, which is increasingly being used in patients with LPR, is easy to the patients and minimally invasive; the detection of salivary pepsin, that may be an alternative simple tool to detect LPR. The real clinical role of these tests in patients with LPR is unknown but they should not be omitted in a discussion. Reappearance of cough on stopping PPI occurred in two patients after FP. Why and for which symptoms these patients were on PPI treatment shortly (3 months) after surgery? The total percentage of patients on PPI after surgery should be specified. Moreover, in one other patient no symptom resolution was observed despite normalisation of scintigraphy and 24-hour pH monitoring. These findings may rise some doubts about the reliability of scintigraphy, taking into account that functional components to the symptoms may not be negligible in patients classified as having LPR, thus making more difficult

a correct diagnosis, even in case of a positive scintigraphy test. The placebo response rate of patients with LPR is around 40%, i.e. similar to those reported in functional gastrointestinal disorders such as irritable bowel syndrome, an issue that has been acknowledged in the discussion. As a matter of fact, these syndromes are usually multifactorial, with GERD as one of several potential ?aggravating factors and data supporting a significant benefit of antireflux therapy (even surgical) for these syndromes are ?weak. Accordingly, a limitation of the study is that there is not objective evaluation after surgery, whose outcome is mainly assessed on clinical symptoms. Consequently, any conclusion about efficacy of surgery in patients with LPR evaluated by scintigraphy may be questioned. In one patient only it is cited a normalization of scintigraphy and 24-hour pH monitoring. Were these tests performed in all patients? If not, how many patients underwent objective outcome evaluations? Giong in some small details: At page 8, in the 6th line from below, p has been reported as $p=0.000$, is it correct? At page 13, in the 5th line from below “variable” should be substituted by “variables” In conclusion, the study is certainly worth of publication but needs some revision especially regarding the true possible diagnostic role of scintigraphy in LPR, which might not be so straightforward as hypothesized, and will need more evaluations.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Scintigraphy in laryngopharyngeal and gastroesophageal reflux disease: A definitive diagnostic test ?

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

COMMENTS TO AUTHORS

wondering if the scintigraphy test would help decide on decision making process as to who to offer surgery with goal of treating LPR symptoms. All or majority of patients had classical reflux symptoms with path reflux on pH monitoring and would have undergone a fundoplication even if they did not have LPR symptoms. The utility of a new test should either be : a) identify patients pre-op who are likely to have resolution of LPR symptoms in addition to their GERD symptoms .. i.e can the test help predict whose LPR would get better. did the 17 aspiration and 27 pharyngeal patents have better resolution than the ones who did not have these findings. b) pick up LPR in patients with no classical symptoms (outside the purview of this paper)