

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14388

Title: Management of post-gastrectomy anastomosis site obstruction with a self-expandable metallic stent

Reviewer's code: 00074751

Reviewer's country: China

Science editor: Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors Cha et al. reported a rare case of a successful management for post-gastrectomy anastomosis site obstruction with temporary placement of self-expandable metallic stent. The topic is interesting and this procedure could be an effective treatment for older patients who suffered anastomosis site obstruction after gastrointestinal anastomosis but not be suitable for reoperation. I would offer the following comments: 1. The authors reported that you diagnosed anastomosis site stricture of gastrojejunostomy. However, in the discussion part, you mentioned that in this case, you treated a patient with efferent loop obstruction caused by benign stricture with a SEMS. There was a difference in the definition between anastomosis site stricture and efferent loop obstruction. The diagnosis should be consistent. 2. There are two mechanical problems of post gastric surgery complications, leakage and obstruction. Will treating anastomosis site obstruction with temporary placement of SEMS increase the risk of anastomotic leakage after gastrojejunostomy? 3. In this case report, the SEMS was removed one year later. The authors should present some data to contrast the anastomosis site or the passage between SEMS insertion and SEMS removal. 4. The authors used



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the word “post-gastrectomy”. However, the surgery was reported as “truncal vagotomy, omental patch, gastrojejunostomy and small size Braun anastomosis”. The type of surgery and Figure 1 should be more comprehensible for this issue. 5. The authors should give more information about the patients (e.g. blood pressure, emergency surgery or elective surgery and bilious vomiting or not on 10th day post-gastrectomy). 6. There are several grammatical errors in this manuscript.