

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16051

Title: MANAGEMENT OF DUODENAL STUMP FISTULA AFTER GASTRECTOMY FOR GASTRIC CANCER: SYSTEMATIC REVIEW

Reviewer's code: 03017952

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2014-12-24 19:34

Date reviewed: 2015-01-12 19:10

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 type="checkbox"/> Grade B: Very good	<input checked="" 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 checked="" type="checkbox"/> Grade D: Fair	<input 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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

This article is a systematic review of the management of duodenal stump fistula. As noted by the authors, duodenal stump fistula is a severe complication after gastrectomy. However in this review: The case number seems to be not enough. Result part should be detailed in the review of the articles.

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ESPS manuscript NO: 16051

Title: MANAGEMENT OF DUODENAL STUMP FISTULA AFTER GASTRECTOMY FOR GASTRIC CANCER: SYSTEMATIC REVIEW

Reviewer's code: 02537368

Reviewer's country: Taiwan

Science editor: Jing Yu

Date sent for review: 2014-12-24 19:34

Date reviewed: 2015-01-04 19:53

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This is a well written manuscript regarding the review of management for duodenal stump leakage after surgery for gastric cancer. However, the case number enrolled seems to be not enough. I suggest that the authors might use the keyword as anastomosis leakage instead of duodenal stump leakage while searching the databases. Because, some title of article might be named as "anastomosis leakage after surgery for gastric cancer". There might be more patients enrolled after doing like that.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16051

Title: MANAGEMENT OF DUODENAL STUMP FISTULA AFTER GASTRECTOMY FOR GASTRIC CANCER: SYSTEMATIC REVIEW

Reviewer's code: 03018092

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2014-12-24 19:34

Date reviewed: 2015-01-08 15:24

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 type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This review has a systematic overview of the treatment for duodenal stump fistula, which is a severe complications and previously was considered even more life threatening when EN and endoscope were not widely applied. The endoscopic treatment including the application of clips and glue is considered a novel and more active management, the success somehow depends large on the status of the lesion, such as the severity of edema, making the timing an important; the size of the fistula, et al. Such technique has been applied widely elsewhere, which might have been helpful if being further reviewed. Another equally important issue for the success of the DSF is the nutrition supply. An immediate EN and the application growth hormone of should also be addressed. As an important part for conservative treatment as concluded for recommendation, the drainage is a key not only for the abscess but also for the prevention of severe infections, or even sepsis as long as such drainage is of high efficacy. In such case, continuous local irrigation and suction is applied as a more effective drainage, which should also be detailed introduced in the review of the articles.