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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15212

Title: Enteral metallic stenting by balloon enteroscopy for obstruction of surgically reconstructed intestine

Reviewer's code: 02731289

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2014-11-17 09:43

Date reviewed: 2014-11-25 15:10

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Authors Treatment of obstruction is indicated to relieve symptoms. Self-expanding metallic stent seems to improve symptom for patients with advanced disease. Balloon enteroscopy-assisted endoscopy is frequently performed in patients with surgically altered intestinal anatomy, particularly patients with Roux-en-Y anatomy following pylorus-preserving pancreaticoduodenectomy. I consider that this article is useful as a case report for the development of future treatment. "an single-balloon enteroscope (SBE)" should be changed to "a single-balloon enteroscope (SBE)"



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15212

Title: Enteral metallic stenting by balloon enteroscopy for obstruction of surgically reconstructed intestine

Reviewer's code: 02984962

Reviewer's country: India

Science editor: Jing Yu

Date sent for review: 2014-11-17 09:43

Date reviewed: 2014-12-01 15:39

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

My congratulations to the authors on their good work. This work has touched upon an important concept of palliation in patients with advanced malignancy of the gastrointestinal tract. The technique followed in the third case is specifically good. I believe the nasoenteric drainage helps choose good candidates for this procedure. It may well be used as temporary relief and a marker of efficacy of stenting. However, after careful review of this manuscript I had a few queries which I feel need resolving. They are as follows:-

1. Is there a possibility you can add some details regarding the 'pearls and pitfalls' of the technique under consideration. Even though there is a description provided I feel highlighting 'pearls and pitfalls' always help the readers understand technical aspects better.
2. It may be of great help to the readers if you could enlist or mention cases in which these techniques are best suited. It could include a brief mention of characteristics suitable for and not suitable for stenting.
3. There are some grammatical and language errors that need revision.
4. Even though I do not feel it impacts the review process I would like the authors to consider the following points:- Was an autopsy done for any of the patient and findings available? Or did an opportunity arise to



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redo an enteroscopy in any patient to check the status of the stent? I hope you consider these comments. I would like to congratulate you on your good work and feel that the article has valid and important findings.