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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 17555
Title: Conservative reconstruction using stents as salvage therapy for gastric conduit necrosis after esophagectomy
Reviewer's code: 00071054
Reviewer's country: Japan
Science editor: Ya-Juan Ma
Date sent for review: 2015-03-13 13:30
Date reviewed: 2015-03-26 17:40

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This manuscript includes some useful information; however, the following remarks should be discussed. 1. Please describe the detailed methods of cervical anastomosis performed in this patients, for example, hand-sewn or stapled anastomosis; end-to-end, end-to-side, or side-to-side fashion. 2. I could not understand the rationale that the authors considered this case as gastric conduit necrosis. In Figure 2, it seemed complete anastomotic dehiscence due to technical failure because the stump of gastric conduit was too healthy, rarely seen in the conduit necrosis. I think that it was difficult to distinguish between conduit necrosis and anastomotic dehiscence because gastrointestinal endoscopy on POD 21 or thereafter were too late to evaluate the status of the anastomosis. 3. The authors considered that the anastomotic leakage developed on POD 10. Are there any signs of the leakage before POD 10? When do patients usually resume oral intake after esophagectomy in the authors' hospital? 4. This manuscript should be checked by the native English speaker.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 17555
Title: Conservative reconstruction using stents as salvage therapy for gastric conduit necrosis after esophagectomy
Reviewer's code: 03259574
Reviewer's country: Algeria
Science editor: Ya-Juan Ma
Date sent for review: 2015-03-13 13:30
Date reviewed: 2015-04-10 18:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Stomach and colon are often used to reconstruct the esophagus and gastric transplant is the first choice .The transplant necrosis is a fatal early complication which is associated with high rate mortality . The major cause of delayed conduit necrosis is the venous stasis which leads to ischemia. The esophageal stent placement is frequently used in thoracic anastomosis leakage because leak is more fatal. This case report described a proximal localized necrosis of the gastric transplant (tip) after esophageal reconstruction for carcinoma that was managed conservatively with stent placement. The authors reported that this is the first successful us of stent in such situation. But i have noted the Following concerns 1-Reformulate the main and running title: to accurately reflect the major topic of work 2- The manuscript's presentation (form and text) needs to be reconsidered 2-More details are needed in the clinic presentation of the case. 3- Are there any perioperative technical problems such as: venous stasis of transplant, anastomotic tension which leads to leak and retraction of the anastomotic ends? 4- Esophago-gastric anastomotic site: cervical or mediastinal (behind manubrium) 5-Detail more the discussion: early diagnosis of conduit necrosis,

criteria for conservative management, anastomotic conditions to use stent (distance between the two ends, circumference of leakage) 6- Reformulate the conclusion

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 17555
Title: Conservative reconstruction using stents as salvage therapy for gastric conduit necrosis after esophagectomy
Reviewer's code: 03254380
Reviewer's country: Germany
Science editor: Ya-Juan Ma
Date sent for review: 2015-03-13 13:30
Date reviewed: 2015-04-01 04:52

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This article is a case report about the conservative management of gastric tube necrosis as a complication of esophagectomy. The authors describe a 61-year-old man who underwent minimally invasive esophagectomy complicated by slowly progressive gastric conduit necrosis associated with complete neck drainage and stable overall condition. The patient's anastomotic leakage was treated by inserting a covered self-expanding metal stent (SEMS) into the esophagus. Due to the high morbidity and mortality after esophagectomies, especially after gastric conduit necrosis, it is crucial to find the adequate treatment, either operative or conservative treatment to handle the complications. This is a report of successful conservative management of gastric conduit necrosis. Treating an anastomotic leakage by a SEMS is a novel and innovative therapeutic strategy. The quality of the manuscripts presentation and readability is fair. The main and short titles accurately reflect the major topic of the content of the study. The abstract provides a clear delineation between the research backgrounds, objectives, materials and methods, results and conclusion. Materials and methods are not sufficiently described. How long was the gastric conduit necrosis? When did the necrosis appear?

What would be, according to authors the limit of the SEMS treatment (length of the necrosis, appearance of the necrosis: early vs. late)? Are there any other conservative options? What about the endo-sponge therapy? What would be the surgical approach? The results do not provide sufficient experimental evidence. There is a need of a retrospective or a prospective analysis to evaluate the SEMS in the conservative management of anastomotic leakage after esophagectomy in comparison to the end-sponge therapy. In the discussion, the author gives us a view on the patient's therapy and why they used the SEMS. Nevertheless, there is no discussion about other conservative therapeutic possibilities, like endoluminal vacuum therapy. Moreover it lacks the comparison to the surgical approach. The reference is appropriate, relevant and up to date.