

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12037

Title: Gastrojejunostomy for pyloric stenosis after acute gastric dilatation due to overeating

Reviewer code: 02572474

Science editor: Yuan Qi

Date sent for review: 2014-06-20 16:40

Date reviewed: 2014-06-20 18:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a rare condition. The proposed treatment minimizes the need for surgical therapy. You can discuss the post-emergency treatment. Surgical therapy may occur after the improvement of clinical conditions. The articles demonstrate high mortality rate when performing emergency surgery. The gastrojejunostomy is an interesting option in this situation. Not only understood, why wait 18 months to conduct gastrojejunostomy. What was the appearance of the gastric mucosa after 30 days? Why not performed after tissue repair?

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12037

Title: Gastrojejunostomy for pyloric stenosis after acute gastric dilatation due to overeating

Reviewer code: 01569271

Science editor: Yuan Qi

Date sent for review: 2014-06-20 16:40

Date reviewed: 2014-07-04 13:58

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The serial OGD and GI contrast series conclusively point to gastric dilatation induced ischemia as the cause of resultant pyloric stenosis in this case, although it would appear that a one time gastric dilatation should not be enough to cause ischemia severe enough to result in pyloric stenosis.