



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 26246
Title: Incidence, clinical features and Para clinical findings of achalasia in Algeria: Experience of 25 years
Reviewer's code: 03475059
Reviewer's country: Japan
Science editor: Jing Yu
Date sent for review: 2016-04-26 08:23
Date reviewed: 2016-05-25 10:16

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various review criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', etc.

COMMENTS TO AUTHORS

Summary "Incidence, clinical features and para clinical findings of achalasia in Algeria: experience of 25 years" revealed the prevalence of achalasia in Algeria. The fact that allgrove syndrome is one of entities of achalasia is interesting. In addition, the large number of patients were enrolled in the study is one of strengths. However, there are several questions which should be answered. Major comments 1. Was the sleeve sensor used for detecting the LES pressure? Since the LES was moved during swallow as well as respiration, the pull-through method cannot evaluate swallow-related LES relaxation. 2. There are several proposed causes of secondary achalasia such as Chagas disease. Is the Chagas disease in Algeria? 3. The increase of prevalence of achalasia in recent studies may be based on the progress of evaluating esophageal motility. Is high resolution manometry used in your study? If the high resolution manometry is not used, the low prevalence of esophageal motility disorders may be due to old fashion of diagnostic methods. 4. What is the term "the mean delay diagnosis"? Does it mean the mean duration of diagnosing the achalasia? 5. Did you perform esophageal manometry in pediatric patients especially 3 month infant? Were the normal values of manometric



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parameters same as adult patients? How did you assess symptoms in pediatric patients? Minor comments 1. The CME should be spelled out at the first time in the abstract. 2. In the abstract, the sentence "Patients had dysphagia (99%), Regurgitation (83%), Chest pain (51%), heartburn 24.5% and weight loss (70%) " should be "Patients had dysphagia (99%), regurgitation (83%), chest pain (51%), heartburn 24.5% and weight loss (70%)". 3. In the statistical part, the fonts of the last 3 sentences were changed. The font should be modified. 4. "Retro sternal, epigastric or inter scapulars pain" should be "Retro-sternal, epigastric or inter-scapulars pain". 5. What is EB in the summary part?

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26246

Title: Incidence, clinical features and Para clinical findings of achalasia in Algeria: Experience of 25 years

Reviewer's code: 03216660

Reviewer's country: Canada

Science editor: Jing Yu

Date sent for review: 2016-04-26 08:23

Date reviewed: 2016-05-25 23:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1- The authors need to be congratulated for an excellent work performed over a period of 25 years describing very interesting findings on the epidemiology of achalasia in Algeria, in a very particular context related to the fact that there was a referral of all cases to a single center in Algiers. 2- The authors are proposing that Continuous Medical Education is responsible for the increase noted in the incidence of the disease. This is surely a possibility; however the document does not bring solid arguments to support this proposition. Maybe an addition on Figure 2 adding the moment of the main campaigns of education might be helpful? 3- The significance of CME should be defined earlier in the text. 4- Is it possible that some patients were not diagnosed because of a limited access to the main institution in Algiers, e.g. because of the distance? This should be discussed. 5- Figure 1 should be updated to give more information on the incidence of achalasia. It would be very interesting to see the overall incidence in time according to the province in which the patients are living, instead than a simple description of the Algeria provinces. 6- The statistical analysis reported is mainly descriptive. The authors would benefit from comparing some of their impressive results according to different



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factors, e.g. is there a significant trend in the change of incidence over time? Is the time before diagnosis becoming shorter over time? Etc. Many of these questions could be easily answered with a more detailed inferential statistical analysis. 7- Was there any patient investigated more than once? Are they included in the analysis? 8- The authors have collected very well a large amount of information that could be highly valuable to define some details rarely reported on achalasia. One of them in my opinion is the time between the initial symptoms and the diagnosis. I think that the data available to the authors can be used to better define this finding. 9- How consanguinity was defined in this study? 10- The document is well written overall.