

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28627

Title: Influence of capsaicin infusion on secondary peristalsis in patients with gastroesophageal reflux disease

Reviewer's code: 03474796

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2016-07-11 16:35

Date reviewed: 2016-08-24 21:02

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 checked="" 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" 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

Summary "Influence of capsaicin infusion on secondary peristalsis in patients with gastroesophageal reflux disease" revealed effects of capsaicin on secondary peristalsis in patients with GERD. Results are interesting and clinically important; however, there are several questions which should be answered. Major comments 1. Many patients with GERD have ineffective esophageal motility. How many patients had no secondary peristalsis even by air injection into the esophagus? 2. This study revealed some physiological response for capsaicin administration. However, many patients did not tolerate the study protocol. Thus, I think that this study cannot indicate clinical implication. Moreover, repetitive capsaicin administration on GERD patients must be dangerous although it made desensitization in GERD patients who could tolerate the study protocol. 3. As authors noted, conventional manometry was used in the study. It should be good enough for evaluating esophageal peristalsis. However, it may be difficult to distinguish between esophageal bolus pressure and secondary esophageal contraction. Typical tracings of each injection should be shown. 4. During slow injection patients might have primary peristalsis. How did you calculate the threshold volumes

of eliciting secondary peristalsis when primary peristalsis occurred during slow injection? 5.

Capsaicin administration did not alter the amplitude of secondary peristalsis, which was different from your previous study with healthy subjects. How do you explain this different finding?

Minor comments 1. “Infusion of capsaicin increased the number of GERD patients with successive secondary peristalsis during slow air injection than saline infusion ($P=0.001$)(Figure 3A), but the difference was not shown between first and second capsaicin infusions ($P=0.18$)(Figure 3B)” should be “Infusion of capsaicin increased the number of GERD patients with successive secondary peristalsis during slow air injection than saline infusion ($p=0.001$)(Figure 3A), but the difference was not significant between first and second capsaicin infusions ($p=0.18$)(Figure 3B)”

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28627

Title: Influence of capsaicin infusion on secondary peristalsis in patients with gastroesophageal reflux disease

Reviewer's code: 00058401

Reviewer's country: Brazil

Science editor: Ze-Mao Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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"/> 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 checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Congratulation for the quality of the work. I questioned the suppression of the cephalic phase of gastric secretion since the pharynx was by-passed. (Pavlov's esophageal fistula dog). I think that this aspect should be remarked in the conclusions