PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 84604

Title: The paradoxical association between dyspepsia and autoimmune chronic atrophic gastritis: Insights into Mechanisms, Pathophysiology, and Treatment Options

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03009411

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2023-03-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-28 11:12

Reviewer performed review: 2023-04-02 09:41

Review time: 4 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Patients with autoimmune gastritis can exhibit various symptoms of dyspepsia, and currently there are no fully effective clinical methods for the treatment of dyspepsia in such patients. In this review, the authors proposed innovative treatments for the possible pathophysiological mechanisms of autoimmune gastritis. They recommended a multidisciplinary approach for the management of dyspepsia in AIG. Prokinetic agents, antidepressant drugs, and non-pharmacological treatments may be helpful, and targeting dyspepsia in AIG based on changes in the microbiota and advanced endoscopic techniques to treat severe dyspeptic symptoms might be an area of ongoing research.   There are some questions: For patients with nutritional deficiencies such as vitamin B12 and iron, does nutritional support therapy help improve the symptoms of indigestion? Patients with autoimmune gastritis often have concomitant autoimmune thyroid diseases. Does abnormal thyroid function also play a role in the occurrence and development of dyspepsia in patients with AIG?

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SPECIFIC COMMENTS TO AUTHORS

1.The number of cases analyzed should be expanded.2.The relationship with Helicobacter pylori should be analyzed in more detail, and the process of chronic development should be more accurate.

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SPECIFIC COMMENTS TO AUTHORS

This review summarized the pathological mechanisms, clinical implications, and the current management strategies of AIG. It is of valuable information for the clinical and foundamental research. However, it would be better if the data could be shown as bar or other figures in the several publications referred to in "Dyspepsia in autoimmune gastritis: clinical manifestations and pathophysiological mechanisms " of "Results" section.

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	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks a lot for the manuscript, there is a small remarks. You write about autoimmune gastritis, but in the diagnostic algorithm there is no indication for the estimation of antiparietal antibodies, pepsinogen 1 and 2, and also not cases when a histological conclusion is necessary. Please expand the algorithm or describe these situations in the text. It would also be great to present the results (graphs or equations) of correlation analysis of symptoms among themselves and with the levels of pepsinogen levels 1 and 2).