

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 85203

Title: Effects of ultrasound monitoring of gastric residual volume on feeding complications, caloric intake and prognosis of patients with severe mechanical ventilation

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06520019

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2023-05-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-05-14 23:39

Reviewer performed review: 2023-05-24 00:38

Review time: 9 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Currently, the correlation between gastric residual and poor prognostic outcomes has not been fully elucidated. Some experts do not recommend monitoring of gastric residual amounts in clinical routine or assessing the feeding tolerance of patients by only relying on gastric residual amounts. Some experts believe that because the monitoring method is simple and convenient, it is recommended to judge whether patients have feeding intolerance by monitoring gastric residual amounts. Therefore, this study retrospectively analyzed the medical records of 513 patients undergoing invasive mechanical ventilation and continuous enteral nutrition support within 7 days of hospitalization, and compared the incidence of feeding complications, daily caloric intake and clinical prognosis in patients with gastric residual volume ≥ 250 ml and <250 ml monitored by ultrasound on day 3. To investigate the effect of ultrasound monitoring on the incidence of eating complications, daily caloric intake and clinical prognosis in patients with severe mechanical ventilation. In general, the topic of this manuscript is



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

interesting and instructive. The authors have organized the manuscript well, with good methodologies and conclusions. In addition, because of the large sample size and abundant data in this study, I have only one question. Have the authors conducted subgroup analyses between different genders? Are there differences between male and female patients?

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 06520304

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection

Re-review	[<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

In this study, Xiao-yan Xu and his colleagues found that when gastric residues of patients > 250 ml, clinical interventions did not significantly increase the incidences of abdominal distension, diarrhea and vomiting. They analyzed its clinical significance and provided a theoretical basis for clinical practice. The manuscript is well written: the title reflects the main subject of the article, abstract and keywords well summarize the arguments. The methodology is described in detail and is well structured. The discussion is well articulated according to results and the authors have clearly underlined the limitations and drawbacks of the manuscript. However, some minor revisions need to be performed before publishing: 1) Abbreviations in the table shall also be marked with the full name. 2) Please list abbreviations at the time of first occurrence in the abstract and main text, for example: gastric residual volume appears in the abstract in the AIM section and needs to be listed at the time, not marked in the results. In the main text, the GRV appears for the first time in the Introduction section on page 3 and shall be supplemented with the full name, and then it shall be replaced by the abbreviation GRV when appears. 3) Some grammar problems should be addressed in this paper. For example, conclusion part of Abstract “when the monitoring value is ≥ 250 m has no significant effects”, 250 m should be 250 mL.