

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 4884

Title: A gastrointestinal stromal tumor of the third portion of the duodenum treated by segmental resection; case report

Reviewer code: 00057840

Science editor: Zhai, Huan-Huan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Acar and colleagues submit a case report on a GIST in the third portion of the duodenum treated by segmental resection. Some issues have to be clarified: - you cannot conclude from a case report without clinical follow-up that you successfully treated a GIST by segmental duodenal resection. With respect to the clinical course after the procedure, you are right but you don't know the course of the disease yet. The following statement is wrong: "Neoadjuvant or adjuvant use of Imatinib is presently evaluated under study conditions." Whereas neoadjuvant treatment is currently evaluated under study conditions there are clear criteria for adjuvant treatment of GISTs. You must clarify this and report the current international recommendations. What histopathological classification did you use to predict the clinical behaviour? Did you perform a c-kit mutational analysis - at least you should comment on this topic. Fig 2 and 3 do not really show a segmental resection with a clear end-to-end anastomosis. Did you perform a wedge resection or a segmental resection? Minor comments: The following sentences have to be corrected: Segmental duodenal resection instead of duodenopancreatectomy, as existing data show that even tumors close to the ampulla of Vater may be effectively and safely treated by partial resection. The optimal surgical procedure for duodenal GIST, however, remains undefined [4] because while surgical resection clearly confers survival advantage, there is little submucosal spread in GIST and lymphatic involvement is rare.