



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 29663

Title: Laparoscopic retrosternal gastric pull-up for fistulized mediastinal mass

Reviewer’s code: 00504187

Reviewer’s country: Italy

Science editor: Jin-Xin Kong

Date sent for review: 2016-08-26 09:08

Date reviewed: 2016-09-01 12:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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"/> 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input 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

The authors describe an interesting approach for esophageal replacement or by/pass when the retromediastinal route is unsuitable. While they should be congratulated for the procedure, in the discussion it could be debated the choice of the stomach instead of the colon, considering that not infrequently length required for the by pass to the neck through a retrosternal route may be difficult to achieve with the stomach. On the other hand, using the colon, most failures after coloplasty are due to coloplasty dysfunction. Therefore, a more detailed specification of advantages and disadvantages of colon and stomach as conduits for this route would enrich the paper. Analogously, at least a mention of the subcutaneous presternal route (obviously more suitable for the colon) could be made. Moreover, the use of butulin toxin to induce a pyloric paralysis may have a transient effect and comparison and short discussion between this simple, especially for laparoscopy, method, and the traditional pyloroplasty would be beneficial.



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

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Title: Laparoscopic retrosternal gastric pull-up for fistulized mediastinal mass

Reviewer's code: 00534937

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

COMMENTS TO AUTHORS

Its a well described case of a laparoscopic retrosternal gastric bypass. It does not seem to add much to the literature, as a series of patients who underwent the same procedure has already been published since 2013.