

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 18099

Title: Challenges of banding jejunal varices in an 8 years old child

Reviewer's code: 00723296

Reviewer's country: Romania

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-08 09:16

Date reviewed: 2015-04-20 16:51

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 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 checked="" 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

In this case report the authors present the case of an 8 years old child treated with endoscopic band ligation for jejunal varices. This kind of pathology is rare and the therapeutic options could be challenging. Here are my comments: - Somehow the case presentation is difficult to follow (many bleeding episodes from different sources). In order to make the case clearer we believe that the authors should provide additional information: o what was the secondary prophylaxis treatment before referred to your hospital (probably it was suspected that the patient has a portal hypertension related bleeding)? o A clear description of the patency of the portal venous system in the CT scanner should be provide (maybe an image should be provided, especially the one that shows the relation between the collaterals and the jejunum; if there is a problem of space, one of the endoscopic imagines could be replaced). o After the banding of the jejunal varices other medication was added to help secondary prophylaxis (propranolol)? o What was the shunting procedure that patient had and what was the outcome after that? o The last bleeding was suspected to be from ilio-colic varice (which at first endoscopy looked without bleeding risk). What was the basis of this suspicion? It is not clear if the patient had an other endoscopic examination after this episode. Could be a bleeding



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from post-banding ulceration as well. As this case demonstrates and, as many reports from the literature, frequently ectopic variceal bleeding is difficult to manage and most of the time definitive solutions (surgery, shunting) are needed. Endoscopic treatment may be a good option for control the bleeding but then definitive solution should be offer according to the underlining disease and the patency of the portal vein. In the discussion section we believe that these particularities of the management of ectopic varices should be discussed. Also the differences between glue injection and band ligation in case of ectopic varices could be an interesting discussion point (although the data is scarring; reported cases could represent a start point for this discussion).



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 18099

Title: Challenges of banding jejunal varices in an 8 years old child

Reviewer's code: 00227380

Reviewer's country: United Arab Emirates

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-08 09:16

Date reviewed: 2015-04-23 00:10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] 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 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

Well written case, only minor changes needed: 1. Please remove the exact date of admission. This may lead to recognition of the patient. 2. Please omit images 1, 3 and 5 (not needed). The other two images are enough. 3. Please add the word possibly to "subsequently occurred from possibly ilio-colonic source" at the end of discussion (third paragraph from below) to be similar to the case report.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 18099

Title: Challenges of banding jejunal varices in an 8 years old child

Reviewer's code: 00049012

Reviewer's country: Germany

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-08 09:16

Date reviewed: 2015-04-23 01:19

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
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for the interesting case. Justifiably you mention the risk for jejunal wall necrosis after endoscopic band ligation. That's why one successful case cannot verify the method as "safe" especially in children. This message should be reduced. Incidentally you describe the injection of Methylene blue as Tattoo. This will not work. Methylene blue disappears within some hours and is not suitable as tattooing. For this purpose there are special medical inks in use.