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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 21792

Title: Role of endoscopic clipping in the treatment of oesophageal perforations

Reviewer's code: 00044718

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2015-07-30 12:15

Date reviewed: 2015-08-11 18:37

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 checked="" 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 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

1. If you can, you should show a statistically significant difference in the some issues. 2. Since the application of treatment methods is different in various causes such as iatrogenic or spontaneous esophageal perforations, endoscopic clipping is not always superior to surgery or esophageal stenting.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 21792

Title: Role of endoscopic clipping in the treatment of oesophageal perforations

Reviewer's code: 02733672

Reviewer's country: Germany

Science editor: Ze-Mao Gong

Date sent for review: 2015-07-30 12:15

Date reviewed: 2015-08-04 22:12

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 checked="" 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

- interesting literature review on an important topic - language definitely needs revision by native speakers - wrong results about Endoscopic vacuum therapy (EVT)- esophageal stenosis in 40-60%???? not true, no literature - EVT with very good results and healing rates over 90% with almost no long term complications - Advantage of EVT: it can be used even at advanced stages - please discuss the problem of removal of OTSC in case of mediastinitis and change to EVT! If behind the OTSC it comes to mediastinitis or pleural empyema you would have to remove the clip in order to get access for an EVT - alternatively you have to go for open surgery - this is why it is so important to use a closure with OTSC only in the very early period after perforation has happened