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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 4352

Title: Genetic contribution to motility disorders of the upper gastrointestinal tract.

Reviewer code: 01427317

Science editor: Song, Xiu-Xia

Date sent for review: 2013-06-28 15:35

Date reviewed: 2013-07-07 03:17

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors summarized current findings regarding genetic contribution, especially polymorphisms, to the upper GI motility disorders. The manuscript is well written, based on the published reports including authors' works. Minor points should be corrected. 1. Tables 1-4 are not included in the text. Please locate each table in the text. 'In the table 1' (p7) should be 'table 2'. 2. TRL-2 (p7, table 2) should be TLR-2. (although title of ref 43 seems misspelled).



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Name of Journal: World Journal of Gastrointestinal Pathophysiology

ESPS Manuscript NO: 4352

Title: Genetic contribution to motility disorders of the upper gastrointestinal tract.

Reviewer code: 00009152

Science editor: Song, Xiu-Xia

Date sent for review: 2013-06-28 15:35

Date reviewed: 2013-07-29 05:48

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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a narrative review of genetic contributions to motility disorders of the upper gastrointestinal tract. The authors have reviewed genetic factors in achalasia, hypertrophic pyloric stenosis and functional dyspepsia. The review is partly an update of a previous review by the main author on genetic factors in achalasia (ref #39). There are a number of sweeping statements and unclear points that may need the attention of the authors to this review:

1. The basis for reviewing the above three diagnostic groups is unclear. The authors claim that “oesophageal achalasia and functional dyspepsia are the most representative motility disorders of the upper GI-tract”. This is perhaps incorrect. The typical motility disorders are achalasia and gastroparesis. Functional dyspepsia is a much more nebulous term that may encompass many different disease mechanisms and pathophysiologies connected only by a similarity in symptoms. A specific motor disturbance has not been described in functional dyspepsia. Moreover, the last paragraph of the introduction says that oesophageal achalasia, functional dyspepsia and hypertrophic pyloric stenosis are “three of the best characterized and most common upper GI dysmotilities”. It is unclear how hypertrophic pyloric stenosis came into this and again gastroparesis is a much better characterized motility disorder than functional dyspepsia. Please explain why the three diagnoses were chosen and give the readers a better explanation why the three should be included in a review and why gastroparesis should not be included.
2. The sentence “Although this hypothesis is still far from fully explaining the pathogenesis of the disease, this introduces the concept that a given subject...” is unclear. The first part should be revised. It is unclear what the word “this” in the beginning of the second part refers to.
3. The sentence “In fact, both the association between HLA DR or DQ, especially DQA1 *0103 and DQB1 *0603 and achalasia 25-27 and the oligoclonality of the T-cell population infiltrating the LES 24



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supported this hypothesis" is unclear. What do the authors mean with the oligoclonality of the T-cell population (which T-cell population?); how does this support the hypothesis; and which hypothesis is being referred to? 4. It is perhaps not so wise to start sentences with "In fact" or "As a matter of fact" since very little in science can be described as facts. Most of our pieces of evidence are observations or interpretations. 5. The sentence that starts with "The lack of any association between the same SNP in the iNOS was also excluded by a Spanish group..." needs to be revised. Either the lack of association was confirmed OR the association was excluded! 6. The authors refer to a work of their own (ref #36) that has yet not been published, only an abstract, and this makes it difficult for the reader to understand the significance of this particular finding. I also think that the increase in the risk for achalasia that follows from and increased production of NO needs some kind of explanation, since achalasia usually results from death of NO-producing neurons. 7. SNPs polymorphisms is a tautology, since P in SNP stands for polymorphism. 8. The sentence "Since FD is one of the most prevalent FGIDs, a certain genetic influence is suggested by both symptoms familial clustering and twin studies reported for IBS" assumes that FD and IBS are similar with regard to genetic influences but I am in doubt if this is a correct assumption. Do the authors mean that all FGIDs have a similar genetic influence? What is there to suggest that FD and IBS are similar with regard to genetic influence? 9. The expression "symptoms generation" should be either "symptom generation" OR "generation of symptoms"! 10. The sentence that ends with "...and both symptoms or impaired gastric accommodation and emptying in a small subgroup of dyspepsia patients" does not make sense. What is it the authors are tryi