



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 41347

Title: Gastro-oesophageal reflux disease and eosinophilic oesophagitis: What is the relationship?

Reviewer's code: 01714826

Reviewer's country: India

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-03

Date reviewed: 2018-08-06

Review time: 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This minute view on a topic of interest is good .The author's have discussed important and useful data published on this topic.



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INITIAL REVIEW OF THE MANUSCRIPT

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- [Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 41347

Title: Gastro-oesophageal reflux disease and eosinophilic oesophagitis: What is the relationship?

Reviewer's code: 02540650

Reviewer's country: Egypt

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-03

Date reviewed: 2018-08-08

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I think although frequently studied topic it is well designed and very informative
Citation of similar studies especially recent ones are lacking Informative illustrations
like figures for better explanation of pathophysiology of both disorders especially



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eosinophilic oesophagitis could increase the weight of your review Regimen of treatment is not well discussed

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- [Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 41347

Title: Gastro-oesophageal reflux disease and eosinophilic oesophagitis: What is the relationship?

Reviewer’s code: 00253974

Reviewer’s country: Germany

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-14

Date reviewed: 2018-08-19

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The topic which is discussed in this mini review is an interesting and clinically relevant issue. The two diseases are well explained. However, the manuscript is lacking a chapter on therapy. Moreover, there should be a table reflecting the different diagnostic features.



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Last, the different proposed hypotheses regarding the relationship between GORD and EoE should be explained in more detail (mechanistic) and which of these is actually the most favorable.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

Manuscript NO: 41347

Title: Gastro-oesophageal reflux disease and eosinophilic oesophagitis: What is the relationship?

Reviewer’s code: 00037816

Reviewer’s country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2018-08-14

Date reviewed: 2018-08-20

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Minor comment Page 5-6 Dilated intracellular spaces have been found to be a feature of reflux disease however, whether this damage can lead to exposure of food allergens and subsequently a Th2 response is unknown. Authors should rewrite this part to refer the



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manuscript (Kandulski et al. Clinical Gastroenterology and Hepatology 2015;13:1075-1081) that shown pathogenesis of DIS. Page 10 However, in cases where dysphagia is the main symptom, it is important to perform manometric assessment to exclude alternative diagnoses such as achalasia, ineffective peristalsis, distal oesophageal spasm and nutcracker oesophagus which can sometimes mimic symptoms of GORD and EoE. Authors need to refer the Chicago classification (Neurogastroenterology and motility 2015;27:160-74). Major motility disorders are achalasia, EGJ outflow obstruction, Jackhammer esophagus, distal esophageal spasm and absent contractility. Minor motility disorder is ineffective esophageal motility. Authors should not use old terms like nutcracker and ineffective peristalsis.

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