

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243 E-mail: editorialoffice@wjgnet.com http://www.wjgnet.com

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 8886

Title: The Diagnosis and Treatment of Gastroesophageal Reflux Disease

Reviewer code: 02438173

Science editor: Ling-Ling Wen

Date sent for review: 2014-01-11 13:52

Date reviewed: 2014-01-15 11:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[Y] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[Y] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

You made a good review of this common disease (GERD). However, some typing errors of your manuscript needs to be corrected. For instance, in the line 4 of page 5, alarm "systems" to be corrected to alarm "symptoms". In addition, there are lots of words you typed them together without interspaces (e.g. also in the line 7 of page 5)!



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 8886

Title: The Diagnosis and Treatment of Gastroesophageal Reflux Disease

Reviewer code: 00055108

Science editor: Ling-Ling Wen

Date sent for review: 2014-01-11 13:52

Date reviewed: 2014-01-16 18:55

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[Y] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[Y] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

The manuscript: The Diagnosis and Treatment of Gastroesophageal Reflux Disease Manuscript NO: 8886,is well written, giving a brief and comprehensive overview regarding the subject. In the manuscript remarks/suggestions are made.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Pharmacology and Therapeutics

ESPS Manuscript NO: 8886

Title: The Diagnosis and Treatment of Gastroesophageal Reflux Disease

Reviewer code: 02526082

Science editor: Ling-Ling Wen

Date sent for review: 2014-01-11 13:52

Date reviewed: 2014-01-17 02:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[Y] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[Y] Major revision

COMMENTS TO AUTHORS

This is a good concise general review article of the diagnosis and treatment of GERD. The article is well written and flows well. I have listed points that I believe would overall improve the article or highlight areas of contention between experts in the field. 1) During your discussion of the merits and disadvantages of bravo pH monitoring. One disadvantage of Bravo that should be mentioned is there is an increase in the number of reflux episodes noted during the first 6-hour period following placement of Bravo suggesting that propofol or other related factors such as NPO status, endoscopy with air insufflation, decreased oral intake, and lack of activity after anesthesia administration could contribute to increased duration of acid reflux in the immediate postanesthesia period. Based on these results, pH monitoring in the first few hours after the placement of the Bravo capsule with propofol may not be reliable. 1 A second disadvantage is the ingestion of acidic foods is frequent and carries the risk of overdiagnosing GERD.2 2) I would remove strong in this sentence. "A positive association combined with abnormal esophageal acid exposure provides strong evidence that symptoms are being caused by GERD." 3) "Unfortunately, any benefit from this approach would likely be temporary as studies have shown that after 1 month of uninterrupted H2RA therapy, gastric acidity returns to pre-H2RA levels" This statement is a highly contested area amongst experts in GERD and should be stated that way.3 4))." Another well studied medication is the GABAb agonist baclofen which has been shown to reduce postprandial reflux events and acid exposure in normal individuals and in patients with GERD by inhibiting transient lower esophageal sphincter relaxations, though to be the primary cause of reflux events (34). Unfortunately, side effects often preclude continued use of this medication and include drowsiness (up to 63%), dizziness (5-15%), weakness



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(5–15%), and fatigue (2–4%) (35)." Should be thought. 5))" In addition to upper endoscopy and esophageal pH testing, a preoperative workup should include esophageal manometry to rule out achalasia or a scleroderma-like hypomotility syndrome as well as a barium esophagram. The combined results of this testing can establish the presence of disease and assist with planning the operative approach" – should state any esophageal dysmotility that results in ineffective esophageal motility or weak peristalsis. 1. Chawla A, Girda E, Walker G, Turcotte Benedict F, Tempel M, Morganstern J. Effect of Propofol on Acid Reflux Measured with the Bravo pH Monitoring System. ISRN gastroenterology. 2013;2013:605931. 2. Agrawal A, Tutuian R, Hila A, Freeman J, Castell DO. Ingestion of acidic foods mimics gastroesophageal reflux during pH monitoring. Digestive diseases and sciences. Oct 2005;50(10):1916-1920. 3. Naas PA, Rife C, Nietert P, Castell DO. 389 Histamine Receptor Antagonists Added to PPIs Improve Gastric Acid Control When Taken Chronically. Gastroenterology. 2012;142(5):S-86.