

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 85203

**Title:** Effects of ultrasound monitoring of gastric residual volume on feeding complications, caloric intake and prognosis of patients with severe mechanical ventilation

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06520019

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-05-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-05-14 23:39

**Reviewer performed review:** 2023-05-24 00:38

**Review time:** 9 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Currently, the correlation between gastric residual and poor prognostic outcomes has not been fully elucidated. Some experts do not recommend monitoring of gastric residual amounts in clinical routine or assessing the feeding tolerance of patients by only relying on gastric residual amounts. Some experts believe that because the monitoring method is simple and convenient, it is recommended to judge whether patients have feeding intolerance by monitoring gastric residual amounts. Therefore, this study retrospectively analyzed the medical records of 513 patients undergoing invasive mechanical ventilation and continuous enteral nutrition support within 7 days of hospitalization, and compared the incidence of feeding complications, daily caloric intake and clinical prognosis in patients with gastric residual volume  $\geq 250$  ml and  $<250$  ml monitored by ultrasound on day 3. To investigate the effect of ultrasound monitoring on the incidence of eating complications, daily caloric intake and clinical prognosis in patients with severe mechanical ventilation. In general, the topic of this manuscript is



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interesting and instructive. The authors have organized the manuscript well, with good methodologies and conclusions. In addition, because of the large sample size and abundant data in this study, I have only one question. Have the authors conducted subgroup analyses between different genders? Are there differences between male and female patients?

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**Peer-review model:** Single blind

**Reviewer's code:** 06520304

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-05-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-05-16 08:20

**Reviewer performed review:** 2023-05-30 00:34

**Review time:** 13 Days and 16 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
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<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In this study, Xiao-yan Xu and his colleagues found that when gastric residues of patients > 250 ml, clinical interventions did not significantly increase the incidences of abdominal distension, diarrhea and vomiting. They analyzed its clinical significance and provided a theoretical basis for clinical practice. The manuscript is well written: the title reflects the main subject of the article, abstract and keywords well summarize the arguments. The methodology is described in detail and is well structured. The discussion is well articulated according to results and the authors have clearly underlined the limitations and drawbacks of the manuscript. However, some minor revisions need to be performed before publishing: 1) Abbreviations in the table shall also be marked with the full name. 2) Please list abbreviations at the time of first occurrence in the abstract and main text, for example: gastric residual volume appears in the abstract in the AIM section and needs to be listed at the time, not marked in the results. In the main text, the GRV appears for the first time in the Introduction section on page 3

and shall be supplemented with the full name, and then it shall be replaced by the abbreviation GRV when appears. 3) Some grammar problems should be addressed in this paper. For example, conclusion part of Abstract “when the monitoring value is  $\geq 250$  m has no significant effects”, 250 m should be 250 mL.

Dear Editor,

Thank you very much for your careful review and valuable comments, as well as the two reviewers' feedback. We really appreciate your evaluation and suggestions for our article, and hereby respond to your specific comments:

**Regarding the comments from Reviewer 1:**

1. We will label the abbreviations' full names in the table.
2. We will include the full name of the abbreviation when it first appears in the text, such as providing the full name of gastric residual volume in the abstract instead of just the abbreviation, and not just in the results section.
3. Thank you for pointing out the grammar issues. We will carefully check and revise any errors.

**Regarding the comments from Reviewer 2:**

1. Thank you for your affirmation and support of our article.
2. We did not carry out subgroup analysis by gender because the study aimed to compare the differences between the group with gastric residual volume  $\geq 250$  ml and the group with  $< 250$  ml under ultrasound monitoring. However, in future studies, we will consider exploring different characteristics and influencing factors among patients of different genders.

Once again, thank you very much for your valuable comments. We will revise the article according to your suggestions to better present our research results. If you have any further suggestions or comments, please feel free to contact us at any time.



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Best regards,

Xiao-yan Xu and all members of our team

Dear Science Editor/Company Editor-in-Chief,

Thank you for your message regarding the status of our manuscript. We appreciate the peer-review process and the guidance provided by the editorial board.

Regarding the request for the original figure documents, we will ensure that they are prepared in PowerPoint format and that the copyright information is included as specified. We will also confirm whether any figures used in the manuscript are copyrighted and obtain authorization or indicate the reference source and copyrights as required.

We acknowledge the suggestion to apply the RCA tool to improve the manuscript's content and will explore this further. We will revise the manuscript according to the Peer-Review Report, Editorial Office's comments, and the Criteria for Manuscript Revision by Authors and resubmit it as soon as possible.

Thank you again for your support and guidance throughout this process.

Best regards,



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[Xiao-yan Xu]