Reviewer’s report

Title: Comparability of localization data in transnasal and transoral esophagogastroduodenoscopy

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Reviewer: Klaus Moenkemueller

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The study from Aymaz et al is simple but clever. Transnasal endoscopy is performed increasingly and for the physician receiving a report of such procedure it is useful to have an idea of the location of landmarks such as the Z-line, beginning of the gastric folds, etc, as these landmarks are important for the classification of esophagitis and Barrett's esophagus. To the surgeon they may also be important when evaluating patients with large hernias or "short esophagi".

Comments:

Introduction:
"Manipulation of the uvula causes gagging". I would say the entire hypopharynx, Please clarify.

Patients and methods:
Why do you use both TNG and traditional TOG in all patients? Please clarify. Or was it only during a specific period of time that you were performing both procedures in all patients?

Please define the exclusion criteria. There must be some! Coagulopathy, thrombocytopenia, etc.

Why did you use sedation for TNG?

Why did you measure the esophagogastric landmarks on the way out and not on the way in? I have the impressions that once the stomach gets filled with air it "pulls" the esophagus down a little bit. Please explain.

"All the examination were conducted with Fujinon EG470-N". (all TOG and TNG?)

Results:
The range of distance of the upper incisors to cardia is somewhat broad; ranging from 26 to 50 cm. This is quite unusual as most Z-Lines (and cardia) in adults begin between 36 to 42. How many patients with Barrett's esophagus did you have? Can you report on median?

Discussion:
Reference 17 is a book. You should provide a study (literature report).