Reviewer's report

Title: Visualization of blood supply route to the reconstructed stomach by indocyanine green fluorescence imaging during esophagectomy

Version: 3 Date: 12 March 2014

Reviewer: Norihiro Kokudo

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Major Compulsory Revisions

1. In my opinion, the discussion on fluorescence imaging without using ICG (NIR-II and LFA) in the Introduction is too long and should be moved to the Discussion section. In the introduction, the authors had better cite previous works on clinical application of ICG imaging to visualizing blood supply during liver transplantation and colorectal surgery instead.

2. Surgical techniques used in their study to create the reconstructed gastric tube should be demonstrated in detail in the Method section. Which vessels were divided for creating gastric tube before fluorescence imaging?

3. The incidence of anastomotic leak (15%) seems to be high even using fluorescence imaging. What was the relationship of results of fluorescence imaging with postoperative anastomotic stenosis? Please describe in the Discussion section how the authors are going to utilize ICG-fluorescence imaging to decide surgical procedures during surgery, for preserving blood supply to the gastric tube as much as possible and to reduce the incidence of postoperative leak/stenosis.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.