

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 73188

**Title:** A high Eckardt score and previous treatment were associated with poor postperoral endoscopic myotomy pain control: a retrospective study

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

**Peer-review model:** Single blind

**Reviewer's code:** 03491558

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Additional Professor

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

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

**Manuscript submission date:** 2021-11-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-13 14:22

**Reviewer performed review:** 2021-11-13 15:11

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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
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## SPECIFIC COMMENTS TO AUTHORS

Dear Editor, thank you for this invitation. This paper addresses the issue of postoperative pain in patients who underwent peroral endoscopic myotomy for achalasia. It is an important focus because adequate treatment of postoperative pain remains an unmet need in medicine. Please, consider my comments. I reccome Major concerns Title. The type of the study must be reported. It is a retrospective study. Consider that a pilot study cannot be a retrospective analysis. Minor issues Line 95 (Intriduction). Close the round bracket after the word "surgery". Line 98. The number of the reference must be inserted after the name (et al.). It is number 8 of the list.

Lines 103 and 104. Aboiut the sentence "While previously published studies have focused on the management of intraoperative anesthesia during POEM surgery ... " please insert references. Lines 104 to 107. About the sentence "postoperative pain management has been neglected by anesthesiologists due to the short operative time, short hospital stay, and the minimally invasive nature of the POEM procedure", are you sure of this. Please give us proofs (references). Line 107. "we conducted". In a scientific paper, if you use "the authors conducted" it probably sounds better. It should be better explained by (and to) the translators. Lines 121 to 124. In a retrospective investigation, precise inclusion and exclusion criteria must be explained. Lines 157 to 159. feeding and preoperative fasting do not impact postoperative pain The anesthesia management "succinylcholine 1 mg/kg and remifentanil 1 g/kg, and was maintained with desflurane (0.8MAC), fentanyl 2-4μg/kg, and remifentanil 0.05-0.1μg/kg min. Cis-atracurium (0.03mg/kg per hour) was used to assist intraoperative mechanical ventilation .. " is very questionable. Remifentanil bolus ... fentanyl plus remifentanil for



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anesthesia maintainance ... and succinylcholine use are not for a scientific paper. This bizarre regimen can also affect postoperative pain. I cannot endorse it. In short, I believe that the study design has several and insurmountable gaps. The study is a retrospective analysis and not a pilot study which by definition is prospective in nature. A retrospective study must have a precise design, to be exposed to the reader. For this purpose, the authors should insert a flow chart. Although in lines 114 to 116 you stated that "This was a preliminary study for a prospective study", it is not correct. A preliminary analysis of retrospective analysis should be better explained by the biostatitiscians. The anesthesia regimen has great issues.

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**Reviewer's code:** 03258954

**Position:** Editorial Board

**Academic degree:** MBBS

**Professional title:** Assistant Professor

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

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

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
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<b>Peer-reviewer statements</b>	Peer-Review: [ <b>Y</b> ] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [ <b>Y</b> ] No
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## SPECIFIC COMMENTS TO AUTHORS

1 Title Pain should not be ignored after peroral endoscopic myotomy I believe the novelty of this manuscript lies in identifying the risk factors for increased post POEM pain and the Title Does not reflect that. Hence consider changing the title to something that describes the main findings of the study related to predictors of post POEM pain.

2. Background I found serious issues with the background that works as the preface for this study. The authors state, "However, postoperative pain management for these patients is often neglected by anesthesiologists because of the short operative time, short hospital stay and the minimally invasive nature of the procedure." They make the above statement without providing any reference. Post operative pain is a well identified and well studied periprocedural outcome for patient's undergoing POEM. It has been used in many well designed studies to compare outcomes between patients undergoing POEM and Laparoscopic Heller Myotomy. Please see the following references:

<https://doi.org/10.1007/s00464-016-5034-3>

<https://doi.org/10.1007/s11605-012-2030-3>

<https://doi.org/10.1016/j.surg.2013.04.042>

<https://doi.org/10.1007/s00464-014-4040-6>

3. Introduction Please consider replacing the following phrases/terms with more standard ones. - Megaloesophagus (with Achalasia) - Diastolic dysfunction of LES (with Achalasia) - Balloon Dilation (with pneumatic balloon dilation)

4. Discussion, Para 4, replace "Muscle incisor" with "muscle incision"

5. Conclusion Authors state, "Anesthetists and endoscopists should pay more attention to the severity of achalasia than to the POEM procedure itself when evaluating the risk for post-POEM pain." This statement is confusing as the authors



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within the same paragraph also point out that distance between incision edge and cardia correlates with post operative pain. 6 Abstract. The abstract summarizes and reflects the work described in the manuscript. 7 Key words. The key words reflect the focus of the manuscript. 8 Methods. The manuscript describe methods in adequate detail. 9 Results. The research objectives are achieved by the experiments used in this study? The novelty of this study lies in understanding risk factors for increased post operative pain in patients undergoing POEM. 7 Discussion. The manuscript interprets the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. The findings and their applicability/relevance to the literature is stated in a clear and definite manner? The discussion is accurate and discusses the paper's scientific significance and/or relevance to clinical practice sufficiently. 11 Illustrations and tables. The figures, diagrams and tables are sufficient, good quality and appropriately illustrative of the paper contents. 12 Biostatistics. The manuscript meet the requirements of biostatistics. 13 Units. The manuscript meet the requirements of use of SI units. 14 References. The manuscript cites appropriately the latest, important and authoritative references in the introduction and discussion sections. 15 Quality of manuscript organization and presentation. The manuscript is concise and coherently organized. The style, language and grammar are accurate and appropriate. 16 Research methods and reporting. The authors prepared the manuscript according to the appropriate research methods and reporting. 17 Ethics statements. Included however it is not in English 18 The Informed consent statement is not in English