

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77819

Title: Peroral endoscopic myotomy assisted with elastic ring for achalasia of obvious

submucosal fibrosis: case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05013639 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-05-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-29 22:37

Reviewer performed review: 2022-06-06 09:02

Review time: 7 Days and 10 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [<mark>Y</mark>] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors demonstrated the novel technique that is useful for making the mucosal entry among achalasia patients with severe fibrosis at the entry site. This technique is interesting and has novelty, but there are some comments. My comments are as follows. 1)Changing the location of the entry is one of the options to overcome the submucosal fibrosis of the entry. Is there any advantage of elastic ring-assisted POEM over the alteration of the entry site? Unless you demonstrate the significant advantage over the alteration of entry site, that is the simplest management, the clinical usefulness of this technique is highly limited. 2)In general, the submucosal fibrosis that is observed in the submucosal tunnel rather than the entry is associated with the aborted POEM. Thus, this technique is likely to be useless for preventing the aborted POEM. 3) Authors said that "The short-term outcome is excellent, greatly shorten the operation time and improve the success rate of POEM for achalasia with obvious submucosal fibrosis." I could not confirm objective evidences that elastic ring-assisted POEM reduce operation time and improve the success rate of POEM for achalasia with fibrosis. Assertive description had better to be avoided. 4)Please enlarge / reduce the image with the aspect ratio fixed. 5)I could not confirm where did you fix the anchor clip from figure 8. Please select a clearer picture. 6)The kinds of endoscopic hood and the water-jet function of endoscopic knife are important for making the mucosal entry easily. Please describe what kind of endoscopic hood you used in the procedure and whether dual knife that you used in the procedure had water-jet function? 7)How did you treat the anchor clip during the closure of the entry? Anchor clip seemed to interfere with the closure of the entry.



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Reviewer's code: 06087956 Position: Peer Reviewer Academic degree: MD, MS

Professional title: Associate Professor, Chairman, Lecturer, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Afghanistan

Author's Country/Territory: China

Manuscript submission date: 2022-05-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-29 16:07

Reviewer performed review: 2022-06-07 16:15

Review time: 9 Days

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for sending the manuscript entitled (Peroral endoscopic myotomy assisted with elastic ring for achalasia of obvious submucosal fibrosis) for review. The case is well reported but missing important heading, and i hope the author will bring major revisions, otherwise i am afraid that i would reject the manuscript. Important issues that should be addressed, are listed below; 1. insufficient introduction with few citations 2. The important part (Discussion) is absent and not described anywhere 3. The Care-checklist is not compatible with manuscript 4. The author and co-author affiliations are not described.



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Peer-review model: Single blind

Reviewer's code: 04743986 **Position:** Editorial Board

Academic degree: FRCS, FRCS (Gen Surg), MBBS

Professional title: Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2022-05-29

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-14 12:01

Reviewer performed review: 2022-06-14 12:14

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for Sharing the proposed technique that would be helpful in POEM patients with difficult submucosal planes associated with poor lift. I would recommend to rewrite the paper with introduction, background, clinical history, procedure with technical details, along with any limitations and lessons learned, to make it more friendly and readable. aside please correct lot many grammatical errors.



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Peer-review model: Single blind

Reviewer's code: 04022632 Position: Peer Reviewer Academic degree: MD

Professional title: Assistant Professor, Doctor, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-05-29

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-15 01:03

Reviewer performed review: 2022-06-16 14:06

Review time: 1 Day and 13 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for submitting your manuscript. Traction device has been helpful in improving visualization during procedure. This use of elastic ring as a traction device during POEM is novel, but I have a couple of suggestions that will improve the article. First, it's not clear from the manuscript how the elastic ring was deployed after the mucosal incision was made. Is the elastic ring deployed through the working channel (like S-O clip used for ESD) or is this over the scope delivery mechanism? In addition, I'm looking at Figure 7 and 8, its not clear how tension is created using the plastic ring Do you place two clips then? One clip on the small ring at the initial incision site and a second clip on the big ring attached to the opposing esophageal wall to create tension (like a S-O clip) or do you embed the plastic ring at the opening of the tunnel and you pass the scope through the ring? A diagram would greatly help clarify especially for both general and advance endoscopist. A video of the procedure would also be helpful. I was not able to find the patent online to see the specifics of the device or how to use it? Second, I would recommend revision to address grammatical errors and awkward sentencing. For example: timed barium esophagram (classical bird's beak appearance) would be more appropriate than upper gastrointestinal angiography, since the latter can be confused with angiogram. Full-thickness myotomy is more suitable term than full-thickness incision. Third, several clarifications would be helpful. Line 7 esophageal disruption was mentioned, can you clarify? Does this patient have prior endoscopic intervention? Also, did manometry performed to confirm achalasia and delineate the subtype? Any chest or abdominal CT to rule out external compression?