

Reviewer #1:

This study focuses on major complications associated with PEG procedures. The authors scrutinized relevant case reports. This study is very interesting and instructive. The manuscript is well-written. However, I have several comments below:

1. INTRODUCTION First sentence of last paragraph: For the present commentary review we decided to focus on those complications that... Comment: The authors should revise “those complications” to “major complications” because the authors excluded all cases of minor complications.

ANSWER: Thank you for your comment. The purpose of the study was not to classify complications as “minor” or “major”, but to focus on these complications that seem to be operator-dependent and thus potentially avoidable

2a. RESULTS Figure 1: Studies Included in review [n = 114] Comment: “n=114” is incorrect. The authors themselves described “A total of 88 complications out of the 575 cases screened were identified”. Therefore, “n=88” is correct.

ANSWER: Thank you for your very thorough review of our paper. Figure 1 has been corrected accordingly.

2b. Furthermore, the total number of cases of colon injuries (n=50), liver injuries (n=14), vascular injuries/bleeding (n=12), and splanchnic injuries (n=11) is 87. The total number of cases should be 88. Please correct.

ANSWER: This has been corrected accordingly. Once again thank you for your very thorough review.

3. DISCUSSION Liver injuries, second paragraph: it proves more reliable when performed in such cases, since it is easier for blood to be suctioned into the syringe in relation to compact feces as in the case of the colon... Comment: The meaning of this sentence is unclear. Did the authors mean that liver injuries are easier to detect than colon injuries because blood can be suctioned in the case of liver injuries? Please rewrite this sentence to make it clearer.

ANSWER: Thank you for remark. The “safe track technique” mentioned in the text involves constant aspiration while advancing the needle. In case the needle enters the liver accidentally it is much easier to aspirate blood – and be aware of the complication. On the contrary, if the needle enters the colon, fecal matter may not be aspirated, making the endoscopist unaware of the complication until it is possibly too late

4. ...and easily [!] ...notice it! ...urgent endoscopic gastrostomy! Comment: I think exclamation marks should be avoided in medical papers

ANSWER: OK, we omit them

5. Comment: The authors should state the limitations of this study before the conclusion. The pull method is a common method for PEG, but the introducer method is also one of the common methods for PEG. Depending on the countries and region, the introducer method is the standard technique. This study focuses only on the pull method, therefore some statements in this study may not be applicable to the introducer method.

ANSWER: Thank you for your insightful remark. The study did not examine if the “pull”, “Push” or “introducer” technique was used in each case. The purpose was to identify these cases that the endoscopist breaches the basic safety rules of PEG insertion. These are not related to the method of placing the PEG, but – more often- with an unsafe puncture under inadequate vision or after overinflation of the stomach. Therefore, we do not feel that this should pose a limitation to our study.

Reviewer #2

Present study provided a relatively complete description of major procedural complications in Percutaneous Endoscopic Gastrostomy, helping professionals and non-professionals have a better understanding of PEG and its complications.

However, the review shall be more referential with the following modifications.

First of all, the authors could summarize the results of reviewing into a table, instead of text throughout the whole manuscript, which could be more readable

ANSWER: thank you, we summarized the results in Figure 2

Secondly, the authors should come out with the prevention and treatment methods of the various complications caused by PEG, which will make this article more instructive. Otherwise, the significance of this article will be greatly reduced.

ANSWER: Thank you for your kind remark. The only actual prevention is to adhere to the basic rules of safety for placing a PEG, as stated in the discussion. Also treatment methods vary significantly, all being dependent on the type of complication, the general physiological status of the patient and the skills and experience of the attending surgeon, as these cases most of the time present as surgical emergencies. This broad spectrum of treatment options is beyond the scope of this manuscript.

Finally, although present article had been revised by a native English speaker, the grammar should still be greatly revised for better understanding and all text errors should be reviewed and revised.

ANSWER: Thank you for your comment. There has been further language editing of the text, as advised