

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81281

Title: Combined treatment of refractory benign stricture after esophageal endoscopic mucosal dissection: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03026925

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-11-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-09 11:09

Reviewer performed review: 2022-11-09 11:42

Review time: 1 Hour

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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

The authors report a case of improvement of refractory stricture after esophageal ESD by combining the RIC technique and balloon dilatation with localized steroid injection. Esophageal ESD stricture is not only extremely distressing to the patient, but also sometimes to the endoscopist, and although many preventive measures for post-ESD stricture have been reported, mainly steroids, the best treatment for patients with stricture is still unknown. However, we still do not know what is the best treatment for patients with stenosis. This case report may have some value as a possible solution. However, similar methods have been tried at many institutions, so the novelty of this case report is not so high. The following are comments.

- 1 . Please describe how long and what dose of oral steroids were taken after ESD
- 2 . I don't think it is standard practice to place esophageal stents first to prevent stenosis after ESD. Please describe the reason why the stent was placed first.
- 3 . The authors refer to ERI, but Ref 16 and 17 report a technique called RIC. If they are the same, the terminology should be unified. Also, please be more specific as to which instrument was used to perform the RIC.
- 4 . In the Treatment section, what is a hormone injection? What is it? If it is a steroid injection, please describe how much dose was injected.
- 5 . In the Treatment section. I think "Select" is a typo, not "Elect".

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03476485

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-09 10:56

Reviewer performed review: 2022-11-11 11:55

Review time: 2 Days

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 checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

The widespread use of esophageal ESD has enabled endoscopic treatment of extensive intramucosal esophageal squamous cell carcinoma. However, as described by the authors, post-ESD stricture is still a problem. In fact, refractory stenosis after ESD can reduce the quality of life of patients. This is an interesting case report of refractory esophageal stricture after ESD. However, I have some concerns. Major 1. In Figure 2, the circumference of the lesion appears to be about 1/2 circumference. Figure 4 shows that the mucosal defect is not so extensive. Therefore, it is necessary to consider the reason for the refractory stenosis in this case. 2. Explanation of endoscopic treatment after stenosis occurs is lacking. What type and size of stent was implanted, and by which company? Also, what type of endoscopic bougie dilation was performed? Details should be described. 3. You use the term "ERI", but the first report was "RIC (radial incision and cutting)". Priority of the terminology should be emphasized. The first report of RIC is as follows. Muto M, et al. Usefulness of endoscopic radial incision and cutting method for refractory esophagogastric anastomotic stricture (with video). *Gastrointest Endosc.* 2012; 75: 965-72. This paper should be cited and "RIC" should be used. 4. There are some duplications in the content of the case presentation, such as endoscopic findings of the lesion before ESD. Duplication should be avoided. Minor 1. What kind of method does the author refer to as "endoscopic bougie dilation"? Is it different from endoscopic balloon dilation? 2. CEA and CA19-9 are presented in the laboratory examination. However, SCC and CYFRA should be measured in squamous cell carcinoma. 3. The longitudinal length of the lesion before treatment and the longitudinal length of the mucosal defect after ESD should be noted. 4. Figure 4 cannot be seen



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immediately after ESD. How many days after ESD is this image taken? 5. How many months after ESD was the combined treatment, including RIC, performed? 6. The term "hormone injection" is used in the TREATMENT. However, the term "steroid injection" should be used. What kind and how many mg of steroid was administered? 7. Errors in the References are conspicuous. References 12 and 16, 13 and 18, 14 and 17, and 15 and 19 are duplicates.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

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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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Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous
	Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No

SPECIFIC COMMENTS TO AUTHORS

The authors reported a treatment method for esophageal stricture after endoscopic treatment. I have following concerns.
 1. Please describe the details of treatment for esophageal stricture. I think it would be helpful for the reader if there was a description of the device used for the incision, the type and amount of steroid, and the timing and frequency of balloon dilations.
 2. Please indicate whether the site of stenosis was covered with a stent.
