

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 84972

**Title:** Graft dilatation and Barrett's esophagus in adults after gastric pull-up and jejunal interposition for long-gap esophageal atresia

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

**Peer-review model:** Single blind

**Reviewer's code:** 03881771

**Position:** Peer Reviewer

**Academic degree:** N/A

**Professional title:** N/A

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

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

**Manuscript submission date:** 2023-04-05

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-04-23 13:07

**Reviewer performed review:** 2023-05-04 10:30

**Review time:** 10 Days and 21 Hours

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input 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

## SPECIFIC COMMENTS TO AUTHORS

This study is a combined prospective and retrospective long-term follow-up study on patients previously reconstructed for long gap esophageal atresia with either a gastric pull-up (9 patients) or a jejunal replacement procedure (11 patients). The number of eligible patients were 24 and there is a good description of the exclusion criteria. The patients had undergone investigations with gastroscopy and peroral contrast studies. The main finding was that gastroesophageal reflux disease was more common in gastric pull up patients, whereas dysphagia was more common in patients with jejunal replacement procedure. Due to the small number of patients a statistical analysis is unreliable. It is difficult to read where the information on gastric reflux and dysphagia originates from. Was it from standardized questionnaires or just information, that appeared in the patient's records. In the group with jejunal replacement a dilatation was found in half of the patients and in most of these a graft lengthening is reported. How were these two parameters defined? Did the results from the various investigation result in any changes in ongoing treatment or introduction of new treatment modalities and with which result? It is postulated that regular follow-up in

these patients is important, but the authors must explain why and how to follow the patients based on their results.

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

**Peer-review model:** Single blind

**Reviewer's code:** 03881414

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2023-04-05

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-27 08:50

**Reviewer performed review:** 2023-05-30 12:23

**Review time:** 3 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

I think this study provides clearer insight in terms of long-term physiologic changes after particular type of esophageal reconstruction in EA patients. I have a couple of questions for the authors and it would be beneficial to the readers if the answers or parts of them can be added into the discussion part. Would the type of EA be a factor affecting choice of the reconstruction procedure in your opinion? In patients who underwent JI reconstruction, the majority of them developed symptoms of dysphagia and jejunal graft dilatation during the long term follow up. In your opinion, what would be the underlying causes of dysphagia and the graft dilation? Could it be from the dysmotility of the distal esophageal segment? Do you routinely perform pyloroplasty (or pyloromyotomy) after GPU reconstruction? In your opinion, which type of operation would you prefer or recommend in EA patients?