

## PEER-REVIEW REPORT

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

**Manuscript NO:** 46028

**Title:** Robot-assisted trans-gastric drainage and debridement of walled-off pancreatic necrosis using the EndoWrist stapler for the da Vinci Xi: a case report

**Reviewer's code:** 03563654

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-01-28 18:41

**Reviewer performed review:** 2019-01-28 18:51

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

well written manuscript. i have some suggestions. 1- how is the follow up of patient? 2- "pancreatic necrosis with endocrine diseases has high mortality rate" (doi: 10.1111/tbj.13174.) and (<https://doi.org/10.1016/j.ijssu.2018.04.037>) i suggest both of these uptodate studies for the references.

Response: Thank you for your suggestions. As required, the follow-up was added in the "Outcome and follow-up" section, as follows:

"Six months after discharge, the patient underwent abdominal ultrasound that confirmed the complete collapse of the abdominal fluid collections and the good mid-term result of the operation. The scheduled follow-up consists in blood tests and ultrasound examination every 6 months. TC-scan or MRI will be reserved for any variations in clinical evaluation."

As for the proposed uptodate studies, doi 10.1111 / tbj.13174 and <https://doi.org/10.1016/j.ijssu.2018.04.037>, they correspond to the articles entitled "Spontaneous milk fistula from an axillary accessory breast" and "A Survey of Current Approaches to Thyroid Nodules and Thyroid Operations", respectively. The topic "pancreatic necrosis with endocrine diseases has high mortality rate" is not mentioned in these two interesting articles. Perhaps, the doi numbers are wrong.

#### INITIAL REVIEW OF THE MANUSCRIPT

##### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
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**Manuscript NO:** 46028

**Title:** Robot-assisted trans-gastric drainage and debridement of walled-off pancreatic necrosis using the EndoWrist stapler for the da Vinci Xi: a case report

**Reviewer's code:** 02897448

**Reviewer's country:** China

**Science editor:** Fang-Fang Ji

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**Reviewer performed review:** 2019-03-11 13:14

**Review time:** 22 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This article reported robot-assisted trans-gastric drainage and debridement of walled-off pancreatic necrosis using the EndoWrist stapler for the da Vinci Xi. 1.what is advantage of robot-assisted trans-gastric drainage and debridement of walled-off pancreatic necrosis over the laparoscopic procedure?

Response: The main advantages of the use of the da Vinci Xi over laparoscopy are:

- 1) Increased dexterity given by the 7 degrees of freedom guaranteed by the robotic technology that can allows to perform a safer and more radical debridement of the WOPN cavity. In fact, the WOPN cavity can be anfractuous, irregular and long. Therefore, a technology capable to increase the accessibility to the cavity from all directions and angles can be very useful to overcome the kinematics limitations of laparoscopy, helping in obtain a more complete debridement.
- 2) The availability of the new EndoWrist robotic stapler with the smart clamp technology, which could reduce the risk of bleeding related to the cystogastrostomy.
- 3) The TilePro™ function which give high degree of precision in defining the best location for the gastrostomy and in detecting the presence of blood vessels.

To better clarify these points, we modified the discussion session as follows:

“Thus, we proposed a robotic technique that presents three main key points: 1) the increased dexterity guaranteed by the robotic technology which allows to perform a safer and more radical debridement of the WOPN cavity; 2) the use of the new EndoWrist robotic stapler with the smart clamp technology, which could reduce the risk of bleeding related to the cystogastrostomy; 3) the Tile-pro™ function which gives high degree of precision in defining the best location for the gastrostomy and in detecting the presence of blood vessels.”.

Moreover, the sentence “Indeed, the debridement of the large, irregular cavity could be compromised because of the kinematics limitations of laparoscopy, mainly due to the less degrees of freedom which limits the accessibility to the cavity in all directions and angles.” was also added.

Further discussion regard these three point were already described in the discussion section.

2. In discussion section, the author said that the endoscopic approach remains a valid option but, in our experience, it results more indicated for the treatment of pancreatic pseudocysts, however, there are many papers about endoscopic treatment for walled-off pancreatic necrosis.

Response: Thanks for your comment. We agree with the reviewer that, to date, the endoscopic treatment of WOPN is still the most widely reported. However, we described our experience with this robotic approach to show the robot capability to overcome the limitations of the endoscopic instruments. In fact, the debridement of pancreatic necrosis when a solid component is predominant, could be improved by more sophisticated tools, like those offered by the robot da Vinci Xi. Of course, it is true that our observations came from a very preliminary experience, thus we only suggest this possible application as alternative to endoscopy or laparoscopy, in selected cases.

To better clarify, the discussion section and conclusions were modified, as follows:

“The endoscopic approach remains a valid option for WOPN, **as reported in several papers**, but, in our experience, it results more indicated for the treatment of pancreatic pseudocysts, **where** there is not a solid component. **Indeed**, in the WOPN **which** requires extended debridement, the endoscopic approach can be very laborious and often it does not lead to the desired result. **In fact, it allows to perform a small communication between the stomach and the cavity, draining predominantly the fluid component. On the other hand, in case of WOPN with significant solid component and characterized by irregular**



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shape, the endoscopic instruments may not allow the extensive debridement that we have obtained with the described technique.”

Moreover, the sentence “In selected cases of WOPN the da Vinci Surgical System can be safely used as a valid surgical treatment option in alternative to the endoscopic and to the laparoscopic approach. The enhanced surgical dexterity and the Endowrist stapler together with the Tile-Pro multi-input display and the new Xi platform, could give some advantages in the treatment of this challenging disease.” was also added.

#### INITIAL REVIEW OF THE MANUSCRIPT

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**Reviewer's code:** 02528717

**Reviewer's country:** Turkey

**Science editor:** Fang-Fang Ji

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**Review time:** 1 Hour

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### SPECIFIC COMMENTS TO AUTHORS

Interesting and well presented case report.

Thank you for your appreciation





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