

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47981

Title: Endoluminal closure of an unrecognized penetrating stab wound of the duodenum with endoscopic band ligation: A case report

Reviewer's code: 00039422

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's country: Italy

Author's country: South Korea

Reviewer chosen by: Li-Jun Cui (Quit in 2019)

Reviewer accepted review: 2019-06-29 09:56

Reviewer performed review: 2019-06-30 12:32

Review time: 1 Day and 2 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
<input checked="" 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 checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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I have some doubts about the message that this case report is giving to the reader. The first aim, that a closure of a duodenal stab injury can be achieved by endoscopic band ligation, is certainly achieved: it is possible and is a further tool to correct a diagnostic mistake. Indeed, a meaningful message of the paper could be how it is easy to miss a duodenal injury after a stab wound and that, as war surgery texts strongly outline, in abdominal injuries, either blunt or by bullet or knives, it is mandatory to explore the whole abdominal cavity. A Kocher maneuver should have been performed in this case and this procedure should be emphasized in the discussion. Moreover, the possible injury to the duodenum has been overlooked at the CT scan. Lastly, in spite of the fact that the use of abdominal drain has been strongly questioned in the last years, this patients could benefit of a paraduodenal drain, obviously not to prevent a leakage, but to recognize it timely and may be to treat the leakage conservatively. All these issues should be discussed in my opinion The whole paper goes in the way of approaching these injuries in a miniinvasive approach, which could be rewarding in some cases, but advantages and drawbacks of this approach should be clearly discussed and outlined.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication



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[] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47981

Title: Endoluminal closure of an unrecognized penetrating stab wound of the duodenum with endoscopic band ligation: A case report

Reviewer's code: 03024263

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's country: Russia

Author's country: South Korea

Reviewer chosen by: Li-Jun Cui (Quit in 2019)

Reviewer accepted review: 2019-07-01 08:40

Reviewer performed review: 2019-07-02 17:25

Review time: 1 Day and 8 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Penetrating duodenal injuries are very rare but extremely insidious. While intraperitoneal duodenal injuries cause peritonitis, a retroperitoneal duodenal injury does not induce this complication during the first hours. This makes the diagnosis hard to establish, as it was in the presented case. If penetrating duodenal injuries are diagnosed several hours after trauma and the patient shows the symptoms of generalized peritonitis and/or sepsis, the only option is surgery. In case of immediate recognition of a penetrating duodenal injury, it is probably possible to try using the endoscopic closure of the wound. However, I have not ever seen a successful endoscopic band ligation applied in such cases, especially at a later stage. Therefore, the described case is unique. It would be interesting to know if a nasoduodenal drain was applied to divert pancreatic and biliary secretions and how the drainage of the peritoneal cavity was done.

INITIAL REVIEW OF THE MANUSCRIPT

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- ☐ No

BPG Search:

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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 47981

Title: Endoluminal closure of an unrecognized penetrating stab wound of the duodenum with endoscopic band ligation: A case report

Reviewer's code: 00074961

Position: Editorial Board

Academic degree: N/A, MD

Professional title: N/A, Attending Doctor

Reviewer's country: Spain

Author's country: South Korea

Reviewer chosen by: Li-Jun Cui (Quit in 2019)

Reviewer accepted review: 2019-07-03 17:11

Reviewer performed review: 2019-07-03 20:59

Review time: 3 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 checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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-You can mention endoscopic closure of acute iatrogenic perforations after endoscopic retrograde cholangiopancreatography in Discussion. -Some mistakes: “Fig1ure 2” in last line of Image examination; “tomography” in Fig 1; “duodenum” in Fig 1.

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- ☐ No

BPG Search:

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- ☐ No