

## PEER-REVIEW REPORT

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

**Manuscript NO:** 65589

**Title:** Six intragastric balloons: Which to choose?

**Reviewer's code:** 05261629

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-03-10

**Reviewer chosen by:** Man Liu

**Reviewer accepted review:** 2021-03-13 08:28

**Reviewer performed review:** 2021-03-19 17:22

**Review time:** 6 Days and 8 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

Interesting review, on a topic that is still quite debated today. Adding some figures might be interesting

## PEER-REVIEW REPORT

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

**Manuscript NO:** 65589

**Title:** Six intragastric balloons: Which to choose?

**Reviewer's code:** 00504581

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Attending Doctor, Doctor, Medical Assistant, Staff Physician

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

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

**Manuscript submission date:** 2021-03-10

**Reviewer chosen by:** Man Liu

**Reviewer accepted review:** 2021-03-26 06:52

**Reviewer performed review:** 2021-04-04 19:39

**Review time:** 9 Days and 12 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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## **SPECIFIC COMMENTS TO AUTHORS**

This is a thorough review of a topic with a lot of publications and RCTs during the last 30 years, very well known by the bariatric medical gastroenterologist, but not for the rest of the physicians. The authors try to show the pros and cons of the different intragastric balloon evolution and development, analysing the published literature and the different guidelines, to make easier the reader the appropriate choice. The review is very well done, but we miss the author's final statement and conclusions about (in their opinion) which balloon we should choose and what the reasons are and why, in the different clinical situations

THERE ARE SOME OTHER THINGS TO IMPROVE SUCH AS:

**INTRODUCTION** The third paragraph “..... have emerged over the years, to provide less invasive options beyond lifestyle modifications, pharmacotherapy, and surgery, for patients who have failed with conservative treatment and are not or not yet surgical candidates, or refuse surgery because of its invasiveness and fear of complications[12,18].” The authors should include the general indications and contraindications, and with special reference to BMI measures. Second paragraph

**BALLOON DESCRIPTION** “.... inserted orally into the gastric fundus and a volume of 500 to 700 mL saline solution - adjusted to the BMI of the individual -” Therefore if you said that, you should add and explain what filling volume is needed for what BMI intervals? Third paragraph Emptying must be changed for emptying. Fifth paragraph “.....]. The balloon is generally well-tolerated during the 6 months implantation period. However, its use has raised several concerns about procedure-related complications and technical difficulties, especially”. It is important to describe which are the “technical difficulties”, because this is a review article. Sixth paragraph “.....Unique contraindications for the gas-filled balloons are scuba diving and travel in unpressurized airplane cabins[5].” ...besides the other intragastric balloon general



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contraindications The classical Orbera Second paragraph “....Similarly, there was no association between balloon filling volume and early removal rates, gastroesophageal reflux, or gastric ulcer rates.” Perhaps It should be enumerated and described the rates number of complications and to describe them. DISCUSSION paragraph 2 “... who qualifies for bariatric surgery but has uncontrolled co-morbidities causing her/him to be of high-risk for anesthesia and surgery or denied anesthesia and/or surgery, or its use as a bridge to bariatric surgery, and” However this indication and their results have not been commented for any of the balloons evaluated. And I think this special indication should be also presented and discussed referring to the balloon employed. Besides the description of the different types of the intragastric balloon, it would be convenient to add illustrations of all types of balloons (“an image worth more than a thousand words”), to make easier the understanding of the way of working of each balloon. This report conveys a lot of data from many publications RCTs etc, and it would be necessary a summary that conveys the author's opinion and conclusion. Especially regarding the new balloons filled with air, that no deserve the intervention of endoscopic procedure Then the reader will agree or disagree and will draw their conclusions. I miss a true conclusion and should be added a summary or conclusion with the author's thoughts and recommendations.