

# Responses to comments from reviewers and editorial office

## REVIEWERS' COMMENTS

### Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Rejection

Specific Comments to Authors:

General:

In this case report, the authors showed case with gastric submucosal lesion caused by embedded fishbone and treated by endoscopic full-thickness resection. This case report was well written.

Thanks for your careful review and valuable comments. Those great suggestions improve the quality of our manuscript. In the revised manuscript, we have checked the structure and language carefully and make it meet the requirements of publishing.

Major comments:

1. Why did authors resect this lesion by endoscopic full-thickness resection, not surgery or ESD?

Thanks for your question. Why we choose endoscopic full-thickness resection, mainly based on the following reasons: first of all, this patient would like to choose minimally invasive surgery. Secondly, after discussion with our medical team, we all agreed that this lesion could be removed by endoscopic surgery instead of laparoscopic surgery. Thirdly, this fishbone has embedded in the stomach for about one year, given the chronic abdominal discomfort and severe potential complications. Fourthly, according to previous reports, esophagogastroduodenoscopy (EGD) is generally regarded as a safe and efficacious treatment for foreign body ingestions with success rates ranging from 78–94%, surgery is required in only 1.1–6.5% of cases<sup>[1–4]</sup>. We therefore first perform EFTR for a complete resection

1 Huang BL, Rich HG, Simundson SE, Dhingana MK, Harrington C, Moss SF. Intentional Swallowing of Foreign Bodies Is a Recurrent and Costly Problem That Rarely Causes Endoscopy Complications. *Clinical Gastroenterology and Hepatology* 2010; 8(11): 941-946 [PMID: WOS:000285034800013 DOI: 10.1016/j.cgh.2010.07.013]

2 Tang XW, Gong W, Jiang B. Endoscopic Management of Foreign Bodies in the Upper Gastrointestinal Tract: An Analysis of 846 Cases in China. *American Journal of Gastroenterology* 2014; 109: S564-S564 [PMID: WOS:000344383102298]

3 Li ZS, Sun ZX, Zou DW, Xu GM, Wu RP, Liao ZA. Endoscopic management of foreign bodies in the upper-GI tract: experience with 1088 cases in China. *Gastrointestinal Endoscopy* 2006; 64(4): 485-492 [PMID: WOS:000241135800003 DOI: 10.1016/j.gie.2006.01.059]

4 Wang X, Su S, Chen YM, Wang YM, Wang BM. Endoscopic Management of Foreign Bodies in the Upper-Gastrointestinal Tract: Experience with 1182 Adult Patients in China with Focus on Elderly People with Various Diagnoses and Complications. *Gastrointestinal Endoscopy* 2020; 91(6): Ab538-Ab538 [PMID: WOS:000545678401212]

2. What is low-echoic lesion around bone in EUS? Inflammation? Edema?

From the medical history of this patient, we know that this fishbone was embedded in the stomach for about one year, this foreign body could lead to chronic inflammation. Moreover, the CT scan results revealed that no edema was observed. Therefore, we think this low-echoic lesion is inflammation. This is also one of reasons why we removed this lesion by endoscopic full-thickness resection instead ESD or surgeries.

3. A 47-year-old female, presented with upper abdominal discomfort for one year. How about abdominal symptom after resection?

Thanks for your careful review. This patient was hospitalized because upper abdominal discomfort and the lesion in her stomach was successfully removed by endoscopic full-thickness resection. She was discharged from our hospital about one week later. There were no abdominal symptoms reported by a 30-day follow-up visit.

4. What is the small whitish elevation of SMT?

Considering all the endoscopic examination results, we think the whitish elevation of SMT is the opening of penetrate tunnel.

5. As you mentioned, the mistaken consumption of fishbone lead to gastric submucosal lesion is a rare condition. Authors should focus this.

Thank you. We revised the introduction and discussion part according your suggestion, please check (red part in the introduction part).

6. Authors should summarize previous cases with gastric submucosal lesion caused by foreign body.

Thanks for your careful review and valuable suggestion. We summarized previous cases in Table 1 and discussed properly in the revised manuscript. Please check the discussion part and Table 1.

7. What was the CT diagnosis? Fish bone seems to be diagnosable by CT (Figure 1C).

Thanks for your question. The CT scan revealed a hyperdense linear structure in the gastric antrum wall, suggestive of a foreign body embedded in the gastric wall. CT scan was described as follows: a foreign body was embedded in the antrum, which did not penetrate the serosa layer; tissue edema, enlarged lymph nodes and exudation were not observed. However, the CT scan did not give specific diagnosis about what the foreign body is, and only gave CT value. According the CT value and clinical experiences, we can make a guess. Under this condition, this lesion was further confirmed by endoscopic full-thickness resection by us. To some extent, the endoscopic surgery is not only treatment strategy but also diagnostic method.

**Reviewer #2:**

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Your work is good but more precision is needed regarding the description.

Thank you so much for your advice. We accepted all the suggestion that was given by reviewers and editorial office. We also rewrite some parts of the manuscript for a more precise description. All the corrections have been marked red, please check the revised manuscript.

**Reviewer #3:**

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: I am glad to review this interesting article. This was a case report showing successful endoscopic removal of an embedded fishbone in the stomach. The manuscript was well written. There is one comment on this manuscript. #1 Recently, there was a case report of successful endoscopic removal of an embedded foreign body in the stomach by a technique of endoscopic submucosal dissection. Endoscopic technique such as ESD and EFTR could be useful for the removal of the embedded foreign bodies in the gastrointestinal tracts. Please discuss this point in the manuscript. Carvalho AC, Pires F, Araújo R. Removal of an embedded foreign body in the stomach by a technique of endoscopic submucosal dissection. Dig Endosc. 2021 Sep 23. doi: 10.1111/den.14132. Epub ahead of print. PMID: 34555869.

Thank you for recommending us this latest great article, which helps us a lot in improving the quality of our manuscript. We read carefully, discussed and cited properly in the discussion part. Moreover, other previous reports were also discussed in the revised manuscript. Please check (red part in the discussion part).

**Reviewer #4:**

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This paper is interesting because it was possible to diagnose gastric SMT due to a foreign body preoperatively and to perform endoscopic resection. The image is beautiful and worthy of evaluation.

Thank you so much for your compliment and give us the opportunity to publish this article. As you mentioned about the language quality, Language polishing has been done by a professional English language editing company, we also get the language certificate. There are no language mistakes in the revised manuscript now.

## EDITORIAL OFFICE'S COMMENTS

### (1) Science editor:

The manuscript elaborated a case of gastric submucosal lesion caused by embedded fishbone. I find it a well-structured interesting study. Nevertheless, there are a number of points that may deserve some revisions. In the discussion part, the author should supplement the introduction of the relevant mechanisms of submucosal tumor (SMT) and the summary of previous relevant literature.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Thanks for your valuable suggestion. We are sorry for this misunderstanding. A submucosal tumor is any neoplastic lesion originating beneath the epithelium. Clinically, they can be divided as tumors with or without malignant potential. According your suggestion, we made more precise description in the discussion part and also summarized previous relevant literature in Table 1. We have sent our revised manuscript for language polishing and a language certificate was also uploaded in the system. Please check.

### (2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. The author(s) must provide the Signed Informed Consent Form(s) or Document(s) of treatment in Chinese.

Thanks for your suggestions. We prepared and uploaded all require documents including a language certificate. We believe the revised manuscript has met the publishing requirements of the *World Journal of Clinical Cases*. Please check in the publishing system. We are looking forward to the final acceptance of our manuscript.

## **Response to Re-Review Report of Revised Manuscript**

### **SPECIFIC COMMENTS TO AUTHORS**

General Authors revised well according to Reviewer's recommendation. 1.

Please spell out FB. FB is not common.

A: Thanks for your suggestion. It is foreign body (FB). We have added it in manuscript.