



## PEER-REVIEW REPORT

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

**Manuscript NO:** 72159

**Title:** Endoscopic ultrasonography drainage and debridement of an infected subcapsular hepatic hematoma: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 04105454

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2021-12-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-20 11:24

**Reviewer performed review:** 2021-12-20 12:08

**Review time:** 1 Hour

<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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (General priority) <input 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



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**https://**www.wjgnet.com

<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**

it is well written interesting case report well done only few grammar and language mistakes please revise conclusion is too long make it short and to the point but to but to repeated omit the excess



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**Peer-review model:** Single blind

**Reviewer's code:** 03474116

**Position:** Editorial Board

**Academic degree:** AGAF, MD, PhD

**Professional title:** Professor

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

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-12-20 02:34

**Reviewer performed review:** 2021-12-21 04:38

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<b>Scientific quality</b>	<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
<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 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



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### **SPECIFIC COMMENTS TO AUTHORS**

General: In this case report, the authors showed case with an infected subcapsular hepatic hematoma who conducted a EUS drainage and debridement of subcapsular hepatic hematoma. This case report was well written. Major comments: 1. Please spell out SHH and WOPN in Introduction. 2. It is hard to understand timeline in scheme. Please revise. 3. The authors debridement four times. How long time did authors debridement at a time? 4. How about cost-effectiveness of EUS drainage compared with surgery? 5. Please change the height and width of the photo in Figure 2. 6. What are the tips for drainage technique in patients with an infected subcapsular hepatic hematoma? 7. What is the specific complication for drainage technique in patients with an infected subcapsular hepatic hematoma?



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**Peer-review model:** Single blind

**Reviewer's code:** 05111420

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Attending Doctor

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

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

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<b>Scientific quality</b>	<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
<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 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



Peer-reviewer statements Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for the invitation for reviewing the paper. Major concerns: 1.Is the surgical indication appropriate in this case? The surgeons performed 4 times debridement. As mentioned "the patient couldn't withstand surgery", how to minimize the risk for the 4 times operation. The patient also need be evaluated for each time if he can withstand the operation. Details about each time like vital sign ,blood routine ,biochemical test,etal should be mentioned. Was the operation under general or local anesthesia ? 2.How to minimize risk such as bleeding, infection,cardiovascular accident from EUS operation itself? " Endoscopic access to the SHH".The access to SHH is "stomach smaller curvature", right? How to minimize the risk of reflux of digestive flora into SHH?Details about preoperative preparation such gastrointestinal preparation should be mentioned . If some adverse reaction like peritonitis ,bleeding occur, how to deal with? 3.Discussion section can be expanded further. No citation in discussion section. SHH is a rare complication. Analyze pathogenesis of SHH in this case.The relationship between " EUS drainage and debridement" and pathogenesis of SHH in this case can be mentioned. Are there any studies about application of " EUS" for group of patients that elders suffered from chronic diseases. Treatment choice for SHH in this case should be analyzed sufficiently.Could EUS be popularized for SHH in future?List the reasons.Provied some improvement idea for " EUS drainage and debridement" for next time. Minor concern 1.References to the article should be listed in a right order. One citation evolved excess references. "Endoscopic ultrasonography (EUS) has evolved making it more and more a therapeutic procedure [5,6,8,15,16]." 2. The discussion section contains some unnecessary repetition."As mentioned earlier, SHH is a rare....



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procedure.” 3.It could be better if indicated by arrows for “ (e) Endoscopic image showing debris of the hematoma inside the stomach after the last debridement”. 4.It could be better provide exact time labels for “Timeline”.Different color for each debridement time point. 5.“ EUS drainage and debridement” performed 4 times.Informed consent should be required four times.There is only one signed paper.Authors should apply approval from their hospitals or clinic's ethics board. Declaration of ethics should be represented in paper. Final comment EUS drainage and debridement is a novel treatment for SHH.Authors should provide sufficient indication of EUS for this case.Many details need to be fixed.The security of EUS drainage and debridement should also be concerned.



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**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Associate Professor

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

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

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<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 checked="" type="checkbox"/> Accept (General priority) <input 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**

Manuscript Number: 72159 Manuscript Title: EUS DRAINAGE AND DEBRIDEMENT OF AN INFECTED SUBCAPSULAR HEPATIC HEMATOMA: A CASE REPORT

SPECIFIC COMMENTS TO AUTHORS

1. Title: accurately reflects the major topic and contents of the study; the word “case reports” is in the title. 2. Key words: six key words are present, including “case reports” as one of the key words 3. Abstract 3a. Background: it is giving a clear delineation of the case research background. This case report adds to the medical literature new therapeutic approaches of infected subcapsular hepatic hematoma (SHH) of the left lobe following percutaneous biliary drainage when percutaneous drainage is not feasible. 3b. Case summary contain diagnosis (without chief complain), interventions and outcome 3c. Conclusion contain the main “take -away” lesson form this case - presented case report is “...the first case of successful endoscopic debridement of a SHH using a lumen apposing metal stent (LAMS) ... by a transgastric approach to gain endoscopic access to the SHH, ... which appear to be feasible and safe.”

4. Introduction. The authors have presented the current standard of care of SHH, which are “...traditionally managed conservatively with antibiotics and pain management ... and when ... SHH is persistent, becomes infected or worsens, it can be treated by percutaneous drainage and in case of failure by surgical drainage.” Contribution of this case is debridement of a SHH using EUS by procedure with another indication (the drainage and debridement of walled off pancreatic necrosis (WOPN), called Seldinger technique - a puncture of the collection under EUS and dilation of the track using a cystotome or a balloon).

5. Timeline. Information from case report is organized in well designed timeline figure. 6. Patient information: 6a. The authors have presented



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demographic information, medical history, drug administration history (no blood thinners), pathological anamneses (no coagulopathy), clinical and biological (lab) condition which explain necessity of ERCP with placement of plastic stent, complicated with cholangitis, Percutaneous drainage was complicated with hemorrhage and SHH. Because of slow rate of resorption of infected SHH and not effective percutaneous drainage, they have decided to perform a EUS drainage using new ethnic. 6b. Decision to perform EUS drainage of SHH was prompted by clinical condition of the patients (“... the patient was deemed too sick to withstand surgery.”) and absent of effect of the current standard of care (percutaneous drainage of infected SHH). 6c. Relevant history. Post intervention evolution and outcome have included all information with relevant iconography (Figure 1, 2) 7. Physical exam. Case report have not had physical examination findings because patient have been in a routine monitoring of the pancreatic cystic lesion. 8. Diagnostic assessment. 8a. Evaluations contain complain, objective examination, relevant lab investigations, gold standard of imagistic (EUS for pancreatic cyst lesion, ERCP with placement of plastic stent for benign (?) stenosis of biliary duct ( CA19-9 high (315 kU/L), without results of brushing cytology), percutaneous drainage of left bile duct complicated with hemorrhage (lab and imagistic data) 8b. Challenges of this case is not diagnostic. The current standard of care not effective, surgery is contraindicated (clinical condition of the patient). What kind of approach is good? The authors have found the original way to resolve this challenge - a puncture of the collection under EUS and dilation of the track using a cystotome or a balloon! 8c. Diagnostic reasoning including other diagnostic considered and challenge - not relevant for this care report. 8d. Prognostic characteristic - without the intervention which have been described in this case report patient have had infaust prognosis. 9. Interventions. 9a. Not applicable 9b. Not applicable 9c. Changes in intervention: indication - the previous - the drainage and debridement of walled off pancreatic



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necrosis; the new one - infected SHH. First step. Under EUS was punctured lesser curvature of the stomach and deployment of the 10x15 mm lumen apposing metal stent (LAMS) was done using the standard technique (the usual procedure has used for the drainage and debridement of WOPN, called Seldinger technique) Second step. Four debridement session were performed with a standard gastroscope trough the LAMS. 18 mm dilatation of the LAMS was needed at the first debridement. At the end of each debridement, a double-sided pigtail 7 Fr drain was installed inside the LAMS stent to help drain the SHH and maintain position and patency. Third step. After the fourth debridement, the endoscopic appearance of the SHH cavity was clean with whitish walls and a CT scan revealed a massive regression of the SHH (2,2x3,1cm); showing that the EUS procedure was a success. Last step. The LAMS was then removed endoscopically and the fistula between the stomach and the SHH closed immediately. 9d. Not applicable 10. Follow up and outcomes 10a. Clinical assessment outcome have been presented in this case report - "... After the procedure, the patient recovered well, with no adverse event." 10b. Important follow up diagnostic evaluations. Endoscopic assessment and imagistic assessment (CT) have been performed - "...After the fourth debridement, the endoscopic appearance of the SHH cavity was clean with whitish walls and a CT scan revealed a massive regression of the SHH (2,2x3,1cm); showing that the EUS procedure was a success." 10c. Assessment of intervention adherence and tolerability, including adverse event - "...The puncture was easy, and deployment of the LAMS was done using the standard technique under conscious sedation." 11. Discussions 11a. Strength and limitation in my approaches to this case - this technic may be used only in case of different intraabdominal volumes which in near the gastric or duodenal wall and have required skilled endoscopist who has competence in echo endoscopy. Requirement from the patient - absent of coagulopathy and medication with blood thinning action. Requirement from the hematoma - absent of active bleeding or



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pseudoaneurysm (dg by angiography). Requirement from the life – patient and doctor need to be Lucky (joke)! 11b. Specify how this case report informs practice – original way to resolve nonstandard situation. 11c. How this case report suggests a testable hypothesis – ‘... we hypothesized that debridement of a SHH using EUS could be successful.’ This case have been show that debridement of a SHH using EUS could be successful. 11d. Conclusions and rationale. The authors had presented valuable conclusion that this is the first case of successful endoscopic debridement of a SHH using a LAMS which appear to be feasible and safe in this specific case 12. Patient perspective. Not applicable 13. Inform consent was been send 14. Additional information. Disclosure is a part of this case report.



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**Peer-review model:** Single blind

**Reviewer’s code:** 05455405

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Surgeon, Surgical Oncologist

**Reviewer’s Country/Territory:** Russia

**Author’s Country/Territory:** Canada

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<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 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 checked="" type="checkbox"/> Accept (General priority) <input 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



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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
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### **SPECIFIC COMMENTS TO AUTHORS**

Dear authors and editors, Thank you for the opportunity to act as a reviewer of this manuscript. An extremely interesting clinical case is described in the treatment of which a non-standard approach has been tested. This is undoubtedly an achievement of the endoscopic technique and the specialists who used it. Having endoscopic experience of transgastric resolution of pancreatic cysts, it was possible to perform such a remarkable operation. The suppurated hematoma of the liver was resolved successfully. The anatomy of this area allows for such an operation, because 3 segment of the liver is attached to the zone of small curvature and the anterior surface of the stomach. The title reflect the main subject/hypothesis of the manuscript. The abstract summarize and reflect the work described in the manuscript. Key words used correctly, according to the content of the manuscript Background, methods and discussion written by the authors quite meaningfully. An endoscopic approach to the resolution of complex liver disease in a potentially inoperable patient has made for research progress in this field. Illustrations and Units, References were relevant and designed correctly. The style, language and grammar are accurate and appropriate. Authors should have prepared their manuscripts according to CARE Checklist (2016) - Case report. Ethics statements were observed by the authors, the patient's consent was obtained.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

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**Peer-review model:** Single blind

**Reviewer's code:** 03474116

**Position:** Editorial Board

**Academic degree:** AGAF, MD, PhD

**Professional title:** Professor

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

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

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**Reviewer chosen by:** Jing-Jie Wang (Online Science Editor)

**Reviewer accepted review:** 2022-02-03 06:03

**Reviewer performed review:** 2022-02-03 12:40

**Review time:** 6 Hours

<b>Scientific quality</b>	<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
<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

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

This case report was well revised according with Reviewer' recommendation and suggestions.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Attending Doctor

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

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<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 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
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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

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

The paper has been well revised.