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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 72606

Title: Self-made wire loop snare successfully treats gastric persimmon stone under endoscope

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01512485

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-10-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-17 02:53

Reviewer performed review: 2021-11-18 16:00

Review time: 1 Day and 13 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[]Yes [Y]No



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

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting retrospective cohort study where the results of using a snare forcep technique for phytobezoar lithotripsy was compared to previous methods of treatment. The results demonstrated that the new technique was able to clear more phytobezoars after a single treatment and was able to allow earlier discharge of patients compared to traditional methods. There appears to be an improvement in the use of the 1. Although the new technique but there are some questions that need to be answered. new snare technique appears very beneficial, the authors acknowledge in the discussion that the two cohorts were in different time periods. It is noted that technique included the use of coca cola infusions, it would be good to note whether this was done in equal percentages of cases in both the controls and observational cohort and the method of infusion also seems to have evolved so was this consistent through both time periods. 2. Since this is a retrospective sample of convenience, in the methods it would be helpful to do a post-hoc power calculations for the power of the study to detect the size of differences in response rates in the primary outcome. 3. As this study was different in time periods, the experience level of the endoscopists in performing the foreign body removal should be noted. Were all experienced during the control period already? Is this partially the effect of the endoscopists becoming better with experience at phytobezoar removal. 4. The size of the loop that can be made with this home made snare should be presented. it seems that this is the main point of the snare is the ability to section these very large phytobezoars and having a large snare is an advantage. How big can the snare be made? 5. Although control group methods are described, it is unclear what was used in each patient, ie did every patient get the snare, the forcep, injection? It



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would be nice to include this information in the table. 6. This statement in the discussion "Before the end of the operation, intestinal obstruction during discharge into the intestine was prevented by cutting the persimmon stones into small pieces with widths of less than 1.5 cm. " The way it reads it seems that the authors meant greater than 1.5 cm rather than less than as it says smaller pieces were allowed to be discharged into the small intestine. 7. The grammar in this manuscript is a little confusing for Western readers and needs to be edited if this is intended for a global audience. 8. It was not clear to me if the cohort presented in this manuscript were all of the patients with phytobezoars seen at the author's institution during this time period. Were there others that were treated by other means during this period like by surgical removal.