

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Pediatrics*

Manuscript NO: 77021

Title: Utilization of Chest Tube as an Esophagus stent in Pediatric Caustic Injuries: A Retrospective Study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05142913

Position: Peer Reviewer

Academic degree: Doctor, MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: Iran

Manuscript submission date: 2022-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-14 11:24

Reviewer performed review: 2022-06-15 11:36

Review time: 1 Day

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

Peer-reviewer statements	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

Not recommended, unauthentic ideas

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Peer-review model: Single blind

Reviewer's code: 03011144

Position: Peer Reviewer

Academic degree: DNB, FACS, FICS, MBBS, MCh, MNAMS

Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Iran

Manuscript submission date: 2022-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-15 10:30

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Review time: 2 Hours

Scientific quality	<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
Language quality	<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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1. The title is misleading as the manuscript deals with a case series 2. The selection / exclusion criteria for chest tube insertion is not clear 3. How was the risk of complication due to chest tube insertion explained / justified in the methodology? 4. Why only 7 patients out of 57 underwent chest tube insertion? 5. How was the chest tube size determined? Was the same size utilised for all the 7 patients? 6. Is the data for endoscopic severity grading available for comparison between 7 vs 50 cases? 7. What was the morbidity profile of the 7 patients? 8. Of the 7, 1 underwent clon replacement. what was the indication? 9. How was the acceptance (pain / discomfort / tube dislodgement) from the patient / parental perspective? 10. Were the patients managed inhospital during the 6-8 weeks of tube dwelling period? 11. Without a comparator arm, the chest tube utility in terms of safety, efficacy and outcome may be difficult to establish

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Peer-review model: Single blind

Reviewer's code: 06148636

Position: Peer Reviewer

Academic degree: MBChB

Professional title: Surgeon

Reviewer's Country/Territory: South Africa

Author's Country/Territory: Iran

Manuscript submission date: 2022-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-14 18:49

Reviewer performed review: 2022-06-17 18:42

Review time: 2 Days and 23 Hours

Scientific quality	<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
Language quality	<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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This interesting study gives a good overview of paediatric corrosive injuries over a 10-year period and highlights the challenges faced in treating these injuries. It is set in a low/middle income country and thus further raises the importance of cost-saving and innovative design in resource-limited settings. Overall, a well-written manuscript, but the language does need to be reviewed and polished, especially in the abstract. I would suggest to include the word “Esophageal” in the title so readers know the chest tube is used in the esophagus and not in the pleural space. The abbreviation SEPS in the “Core Tip” should be corrected to Self-expanding Plastic Stents (from Self-Expanding Metal Stents). The main focus is the description of using an inexpensive, easily available device for oesophageal stenting, which might be invaluable in many settings with limited resources globally. Although an already existing device, it is being used for a novel purpose and thus in essence is a novel device. Although the device is readily available, inexpensive and seemingly effective in this small cohort of 7 patients, there are some issues to be discussed. Firstly, using oesophageal stenting to prevent or reduce future stricture formation (i.e. stent insertion in the acute phase post corrosive ingestion) is very controversial, as there is not enough evidence in either the paediatric or adult literature to support this practice as routine. The authors state in the Introduction that “Esophageal stents are considered as an effective method for preventing esophageal stricture in the first 48 hours”, but this statement is not referenced or backed-up by any relevant data. Some readers might thus question why such a stent is needed and more concerningly, whether the testing of a novel device in children for a controversial indication, was formally discussed and approved by an ethics committee. I note the



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study was ethically approved (i.e. the retrospective reporting of the cohort and reporting of the use of the device), but was a formal discussion held regarding risk versus benefit and safety prior to using chest tubes as stents in these children? I do feel some readers might raise numerous questions about this, as the use of novel devices (especially in children) is set against rigorous safety processes in most centres globally. I think the authors need to expand on the process undertaken in making the decisions on using these tubes as stents in the first place. The authors make no mention as to how the 7 children who received ECT were selected compared to the other 50 in the cohort. What selection criteria do the authors suggest for using the device – how should these patients be selected? The use of stents in benign oesophageal diseases, including corrosive injuries, is a growing and evolving field and most focus lies in their temporary use for already-established fibrotic strictures. In these cases, a self-expanding stent has the advantage of being easily passed through a tight stricture and then allows for gradual opening and dilatation. The use of this ECT as a stent does not have that advantage, as the oesophagus would need to be dilated to a size large enough to allow the passage of the tube. Furthermore, chest tubes are generally quite rigid and with the larger diameter, compared to undeployed SEMS, would seem to hold a higher risk of damage or perforation. As mentioned by the authors, the concern of reflux is also significant. All these factors highlight the possible risks of using this device and should be discussed. The authors mention they routinely administer antibiotics and steroids in the prophylactic setting in corrosive ingestion patients. This also is controversial. Although one of the quoted studies by Howell et al showed an improved outcome, this study is now 30 years old and of low-level evidence. To date there is collectively not enough evidence to support this as routine practice and readers might also raise this point. Two of the total 57 patients sustained injuries from boiling water – these are not corrosive injuries (corrosive or caustic injuries cause cell damage by chemical reaction

and not from heat). They should thus be excluded from the analysis and would require most of the statistics to be revised. What grading system was used to grade these corrosive injuries? Was this endoscopic grading, e.g. Zargar -if so, it seems strange that a patient with a grading of I landed up with a stricture requiring stenting (patient 7 of the ECT cohort)?

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 06148636

Position: Peer Reviewer

Academic degree: MBChB

Professional title: Surgeon

Reviewer's Country/Territory: South Africa

Author's Country/Territory: Iran

Manuscript submission date: 2022-06-14

Reviewer chosen by: Li-Li Wang

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Reviewer performed review: 2022-07-31 17:45

Review time: 1 Day and 23 Hours

Scientific quality	<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
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Peer-reviewer	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

Replies and revisions from the authors are noted and the manuscript now appears ready for submission.

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Professional title: Additional Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Iran

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E-mail: bpgoffice@wjgnet.com
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript revision has included the relevant changes.