

## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 82264

Title: Are biopsies during endoscopic ultrasonography necessary for a suspected

esophageal leiomyoma? Is laparoscopy always feasible?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05429162 Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Fellow, Chief Doctor, Doctor, Research Fellow, Research

Scientist

Reviewer's Country/Territory: Japan

Author's Country/Territory: Tunisia

Manuscript submission date: 2022-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-19 14:24

Reviewer performed review: 2022-12-27 22:35

**Review time:** 8 Days and 8 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection



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

## SPECIFIC COMMENTS TO AUTHORS

Summary Beji et al. wrote the letter to the editor about the manuscript titled "Are Biopsies during endoscopic ultrasonography necessary for a suspected esophageal leiomyoma? Is laparoscopy always feasible?" This letter to the editor raises and addresses the issues well, and appears to be acceptable for publication.



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Peer-review model: Single blind

Reviewer's code: 05902104 Position: Peer Reviewer Academic degree: MD

**Professional title:** Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Tunisia

Manuscript submission date: 2022-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-04 19:31

**Reviewer performed review:** 2023-01-05 11:05

**Review time:** 15 Hours

	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair
this manuscript	[ ] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

I also read the original article (Rao M, et al.) and the Letter to the Editor for this article by Beji H, et al. Congratulations to all of them for this work. In general, in cases where esophageal leiomyoma is suspected, biopsy is not necessary, and the diagnosis rate is low due to the possible complications stated by Beji H et al. during endoscopic ultrasonography. (Yalçınkaya İ, et al. https://pubmed.ncbi.nlm.nih.gov/32953214/) However, in cases where it is necessary for differential diagnosis, biopsy can of course be performed during endoscopic ultrasonography. Today, minimally invasive methods have gained importance in treatment. Even endoscopic surgical methods such as submucosal tunneling endoscopic resection, and endoscopic submucosal extraction are successfully applied. All options including open surgery, especially minimally invasive methods, can be preferred according to the case. Although the basic surgery is enucleation, esophageal resection may be applied as a last option in exceptional cases where this procedure cannot be performed.