



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 82904

**Title:** Repeat peroral endoscopic myotomy with simultaneous submucosal and muscle dissection as a salvage option for recurrent achalasia

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

**Peer-review model:** Single blind

**Reviewer's code:** 03604107

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

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

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

**Manuscript submission date:** 2023-01-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-15 18:55

**Reviewer performed review:** 2023-01-22 07:54

**Review time:** 6 Days and 12 Hours

<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 Grade E: Do not publish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>Novelty of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" 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

**SPECIFIC COMMENTS TO AUTHORS**

It is a very interesting paper, and the medical occurrence is of importance. Treatment and diagnostic workup are convincing. I would only strongly suggest to avoid the acronym POEM; much more when added another 'S' behind (POEM-S.....). This is because there is a well known syndrome called POEMS (peripheral neuropathy, organomegaly, endocrinopathy, monoclonal plasmaproliferative disorder, skin changes). Such a double usage of the acronym POEM(S) will confuse readers. Consider using another one, or explain thoroughly in words all over the manuscript what you mean with POEM as a myotomy procedure.



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**Reviewer's code:** 03033812

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2023-01-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-31 13:09

**Reviewer performed review:** 2023-01-31 15:07

**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
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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 checked="" 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

**SPECIFIC COMMENTS TO AUTHORS**

Lin et al. present a retrospective series of redo-POEM for recurrent achalasia. Two techniques are compared classical x simultaneous submucosal and muscle dissection that is a creation of the group. The manuscript is interesting and has some interesting data. I have 2 comments to improve the manuscript. 1) Consent to perform a procedure is NOT the same as a consent to undergo a procedure with scientific purposes. I cannot read Chinese to interpretate the IRB docs. I would like the authors to clarify if informed consent was obtained from the 16 patients for scientific purposes or it was waived due to the retrospective nature of the protocol. 2) I believe the manuscript lacks further discussion of the indications and of the results. E.g., why a redo-POEM just after the initial procedure? (0 months was the minimum time). Why not a dilatation or a Heller + fundoplication? What is the meaning of a shorter "Submucosal tunnel length"? Is it good or bad? Why the author's technique has much less reflux than the conventional technique? The drawback of POEM is GERD. If this technique promotes less GERD should be standard. Are there different indications for the 2 techniques? How patients were selected? etc, etc....



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**Peer-review model:** Single blind

**Reviewer's code:** 06087956

**Position:** Peer Reviewer

**Academic degree:** MD, MS

**Professional title:** Associate Professor, Chairman, Lecturer, Senior Lecturer, Surgeon

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

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

**Manuscript submission date:** 2023-01-15

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-01-30 04:42

**Reviewer performed review:** 2023-02-02 09:45

**Review time:** 3 Days and 5 Hours

<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
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<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

**SPECIFIC COMMENTS TO AUTHORS**

Dear Author; Congratulations and thanks for submitting the above-mentioned interesting article (Observational study) for publication to the World Journal of Gastroenterology. I appreciate you and hope your case to be published. Comments: 1. The case is interested and well described. 2. The aim is given under the heading of AIM, but repeated at the end of introduction, it is better to delete the repeated point. 3. Discussion needs paragraph rearrangement, since discussion-related literature review is mentioned first, and then your findings are compared and described 4. The manuscript needs minor linguistic and grammatical polishing.