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**Perforation associated with endoscopic submucosal dissection for duodenal neoplasm without a papillary portion**

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#### **Answering reviewers**

1, Correct retrospective single center study, however brings useful data; please elaborate more in discussion chapter on the factors leading to complications in your center language correction mandatory

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Abundant blood vessels in the submucosal layer and a thin muscle layer in the duodenum are thought to be related to a high risk of complications. In addition, exposure of the duodenal wall to pancreatic juice and bile may increase the risk of delayed perforation.

2, In the Introduction on page 7 the relevance of the two sentences in the first paragraph beginning with: - “Primary adenocarcinoma represents” and ending with “ ranges from 35% to 85%” is not clear and needs re-writing.

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The sentence of “ranges from 35% to 85%” was deleted.

3, In the Conclusion at the end of Abstract on page 4 mention needs to be made of the recommendation made at the end of page 19 that laparoscopic and endoscopic cooperative surgery (LECS) should be considered for tumours exceeding 20mm.

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At the end of page 4, “laparoscopic and endoscopic cooperative surgery (LECS) should be considered for tumours exceeding 20mm.” was added.

4, At the end of the section on “Endoscopic Resection Techniques” on page 11 mention needs to be made as to how delayed perforations were recognised.

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At the chapter of “Definition of complications”, we added the sentence of “The diagnosis of delayed perforation is reached using enhanced computed tomography, which was performed for patients with abdominal pain.”

5, In Table 2 the “Ages” should be omitted as not really relevant.

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In Table 2 the “Ages” was omitted.

6, Table 3 is not mentioned in the text and should be omitted.

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Table 3 was omitted.

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