



### PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 56567

**Title:** Role of Endoscopic Ultrasound in Pediatric Patients: A Single Tertiary Center Experience and Review of Literature

**Reviewer's code:** 03727100

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor

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

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

**Manuscript submission date:** 2020-05-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-07 10:47

**Reviewer performed review:** 2020-05-08 05:48

**Review time:** 19 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<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><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)<br><input type="checkbox"/> Minor revision <input checked="" 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<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



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#### **SPECIFIC COMMENTS TO AUTHORS**

The subject of this study is important and should be paid attention. The contents are useful for daily medical care. However, there are several points which catches my attention.

1. In discussion section, the authors should put the focus on the characteristics of pediatric EUS-FNA. For example, the necessity or usefulness of pediatric EUS-FNA was described in first Paragraph. After that, the points to be noted in pediatric EUS-FNA should be discussed (about sedation, the selection of scope, the selection of FNA needles, adverse events) according to the past reports and the results of study. In the past reports, the incidence rate of pediatric EUS-FNA was described as 1.96-5.8% (Page 8, Lines 9-11). What were these adverse events? Could you added the consideration about the adverse events?
2. How was the FNA needle selected? randomly?
3. In the discussion section, through the scope miniprobes are used in patients less than 15kg. If you perform EUS-FNA, what scope is used in these patients?
4. Can you remove Table 1? The data of Table 1 and Table 2 overlaps.
5. What is the Nil of Table 2?
6. Can you add the data of sedation and the ohter items that should be discussed in table 3?
7. You should describe the final diagnoses of cases (Figure 1-3)



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**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 56567

**Title:** Role of Endoscopic Ultrasound in Pediatric Patients: A Single Tertiary Center Experience and Review of Literature

**Reviewer’s code:** 03807845

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer’s Country/Territory:** United States

**Author’s Country/Territory:** Egypt

**Manuscript submission date:** 2020-05-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-06 04:24

**Reviewer performed review:** 2020-05-11 03:27

**Review time:** 4 Days and 23 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<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><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)<br><input type="checkbox"/> Minor revision <input checked="" 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<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



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#### **SPECIFIC COMMENTS TO AUTHORS**

Endoscopic ultrasonography (EUS) with or without fine needle aspiration/biopsy (FNA/B) is a well-established diagnostic tool in adults for the evaluation and management of gastrointestinal (GI) tract disorders. Its use in children is still limited as well as literature in pediatric age is limited, although the application of EUS is now increasing. Major comments: 1, More information about the "pancreatic carcinoid" could be added to include the description of histology/cytology, IHC for synaptophysin and chromogranin. Since the Ki-67 index is <2%, the tumor is called well differentiated neuroendocrine tumor, low grade. The term of "carcinoid" should be replaced. Figures of HE histology/cytology and synaptophysin should be added. 2, The pathologic features of the rectal GIST including cytology, immunostains and mitotic count should be added in the text in the result section. A figure including these features could be included.



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 56567

**Title:** Role of Endoscopic Ultrasound in Pediatric Patients: A Single Tertiary Center Experience and Review of Literature

**Reviewer’s code:** 03883464

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Attending Doctor, Research Fellow

**Reviewer’s Country/Territory:** Portugal

**Author’s Country/Territory:** Egypt

**Manuscript submission date:** 2020-05-06

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-06 15:52

**Reviewer performed review:** 2020-05-11 11:31

**Review time:** 4 Days and 19 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><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)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



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#### **SPECIFIC COMMENTS TO AUTHORS**

This paper presents a case series of EUS and EUS-FNA procedures in pediatric patients. The patient characteristics and the procedures are described and the authors conclude EUS is feasible, safe and changes management in this patient population. The findings of this paper confirm the results of several previous publications. There are some issues to address, as detailed in the file attached, including English spelling, improve the presentation of indication for procedures, discuss pre-EUS evaluation of insulinomas, radial vs linear scope in this population, review of diagnosis of patient 6 with peri-gastric mass.



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**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 56567

**Title:** Role of Endoscopic Ultrasound in Pediatric Patients: A Single Tertiary Center Experience and Review of Literature

**Reviewer's code:** 02544565

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Attending Doctor

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

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-05-06 04:06

**Reviewer performed review:** 2020-05-18 09:56

**Review time:** 12 Days and 5 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><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)<br><input type="checkbox"/> Minor revision <input checked="" 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<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



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## **SPECIFIC COMMENTS TO AUTHORS**

This is the study about the efficacy of EUS in pediatric patients. The author mentioned that EUS and EUS-FNA in pediatric population are safe, feasible, and have significant clinical impact. Although this is an important retrospective study, there are many problems in this manuscript to be considered. Major 1) First of all, this study is retrospective study using database. Although the author obtained consent from both patients or patients for this study, did you really take a consent for this study before procedure? 2) Regarding the age of the enrolled patients, the samples are very biased because infants and children are not well represented in this study. 12/13 patients are adolescents (aged 12 through 21) and only one patient is children. Because infants and children generally tend to occur complications during endoscopic procedure such as airway obstruction, perforation, respiratory depression by anaesthesia, etc, the management during procedure have to change depend on their body condition such as age, body weight, general condition, underlying disease, etc. the author need to clarify these points and discuss in the paper. 3) Although the author mentioned that all procedure was performed by linear PENTAX scope (EG3870UTK). However, there is a small EUS scope for pediatric patients. The author needs to discuss about the propriety of scope which are used for procedure for paediatric patients. 4) Concerning the anesthesia, all patients were performed under intravenous propofol sedation in this study, however, infants and high risk patients particularly need to consider general anesthesia. How is the indication of general anesthesia for “pediatric” patients? In addition, the use of propofol for sedation for pediatric patients has been controversial since some report of unexpected deaths for pediatric patients by propofol infusion syndrome (PRIS)(1-4). How is the proper dose of propofol? Why did the authors use propofol for all patients? Have you considered using other drugs for anesthesia? 1.



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Hatch DJ. Propofol-infusion syndrome in children. *Lancet* 1999;353:1117-8 13 2. Parke TJ, Stevens JE, Rice AS, et al: Metabolic acidosis and fatal myocardial failure after propofol infusion in children: five case reports. *BMJ*. 1992;305:613-6 3. Bray RJ: Propofol infusion syndrome in children. *Paediatr Anaesth* 1998;8:491-9. 4. Fong JJ, Sylvia L, Ruthazer R, et al. Predictors of mortality in patients with suspected propofol infusion syndrome. *Crit Care Med* 2008;36:2281-7.