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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 25427
Title: Carbon dioxide insufflation in esophageal endoscopic submucosal dissection reduces mediastinal emphysema: a randomized, double-blind, controlled trial
Reviewer's code: 03213368
Reviewer's country: China
Science editor: Yuan Qi
Date sent for review: 2016-03-09 21:19
Date reviewed: 2016-03-21 13:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

From my point of view, the work is well-done and provides interesting results to the efficacy of CO2 insufflation for reduction of ME immediately after ESD and it merits to be published. Just, I suggest some minor modifications before publication. The Introduction gave a satisfactory literature survey on the similar topic and it outlined the proposed method well. Appropriate figures were given to make the paper understood easily. Also, there are few explanations of the rationale for the study design. For example, the study did not show if small sample size affect the validity of the experimental results.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 25427
Title: Carbon dioxide insufflation in esophageal endoscopic submucosal dissection reduces mediastinal emphysema: a randomized, double-blind, controlled trial
Reviewer's code: 03476153
Reviewer's country: Spain
Science editor: Yuan Qi
Date sent for review: 2016-03-09 21:19
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The primary endpoint of this study was to assess the efficacy of CO2 insufflation for reduction of ME immediately after ESD. A total of 46 patients who were to undergo esophageal ESD were randomly assigned to CO2 insufflation (CO2 group, n = 24) or air insufflation (Air group, n = 22). Computed tomography (CT) was carried out immediately after ESD and the next morning. The incidence of ME immediately after ESD in the CO2 group was significantly lower than that in the Air group (17% vs. 55%, p = 0.012). The incidence of ME the next morning was 8.3% vs. 32% (p = 0.066). However, there were no differences in pain scores or distention scores at any post-procedure time points. The work is well-done, well-written, documented and structured.The information included is interesting and the number of cases presented is very valuable. This study provides interesting results to the efficacy of CO2 insufflation for reduction of ME immediately after ESD. But there were no differences in pain scores or distention scores at any post-procedure time points. It is possible that the simple size is small. In the literature, the usefulness and safety of CO2 as an alternative to air in patients who undergo diagnostic or therapeutic endoscopy under conscious or intravenously sedated

conditions have been demonstrated in several randomized controlled studies. CO2 insufflation is fewer adverse events. Air insufflation is associated with rare but serious adverse events of endoscopic procedures such as air embolism and tension pneumothorax. Most trials concerning CO2 insufflation during various kinds of endoscopic procedures have demonstrated a reduction of pain and discomfort. However, most of the patients in this trial had no pain after the procedure and the mean VAS scores of pain and distension were consistently low levels not only in the CO2 group but also ,unexpectedly, in the Air group, as the authors showed. In conclusion, Insufflation of CO2 during esophageal ESD, as compared with that of air, significantly reduced postprocedural ME. However, Clinical significance in consequence of a reduction of ME was not demonstrated. It is possible that small sample size affect the validity of the experimental results. But, the safety and uselfness of CO2 during esophageal ESD has been demonstrated. In the literature, patients with high-grade ME are more likely to develop severe inflammatory changes and a longer febrile period. In this trial, insufflation of CO2 during esophageal ESD, as compared with that of air, significantly reduced postprocedural ME.