

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 30013

**Title:** Endoluminal solutions to bariatric surgery complications: A review with a focus on technical aspects and results

**Reviewer's code:** 00504581

**Reviewer's country:** Spain

**Science editor:** Shui Qiu

**Date sent for review:** 2016-09-04 13:54

**Date reviewed:** 2016-09-12 03:57

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

## COMMENTS TO AUTHORS

I read with great interest this splendid review about endoscopic treatment approach of bariatric surgical complications. this paper makes a thoroughly revision of all the circumstances and contingences related with the most frequent complications of this type of surgeries approach . There are two things it would deserve a more extended commentary such as the risk of leaks in patients previously treated with complicated LAGB (specifically migrated bands) . The other important topic that need a more clearly exposition is the treatment of anastomotic leaks, especially if we considered chronic and late leaks without fistula and connected with a residual and not drained cavity We can tackle the treatment of early or late anastomotic leaks, connected with a residual cavity (sometimes retroperitoneal o retro gastric) in three different scenarios 1o If the cavity has been drained before, surgically or percutaneously, the comments of the author in the paper are appropriate . 2o But, the authors should explain better which are the appropriate steps in order to close the anastomotic leaks when it was performed an endoscopic drainage of the residual collection by double-pigtail plastic stents. Therefore in this context, when can we proceed to try the



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endoscopic closure of wall defect?, how long can we wait?, or perhaps it will not be necessary 3 o  
How can we proceed with leaks (chronic leaks) connected with a chronic and not drained cavity ,  
with little debris?. Is it possible and appropriate to endoscopically closure the wall defect (whatever  
endoscopically means) without draining before the cavity All of these aspects should more clearly  
addressed by the authors There are some misspelling to correct such as : .- STOMAL STENOSIS  
Stenoses are usually .- Although few patients with post-bariatric stenoses

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**Title:** Endoluminal solutions to bariatric surgery complications: A review with a focus on technical aspects and results

**Reviewer's code:** 03474095

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**Science editor:** Shui Qiu

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

## COMMENTS TO AUTHORS

comprehensive review about endoscopic treatment approach of bariatric surgical complications. Authors need to emphasize more on leak and its management. also this paper is little too descriptive-needs tables and illustration that will make it read better. Authors need to run a spell check over all comprehensive review.

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

**ESPS manuscript NO:** 30013

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**Reviewer's code:** 03647868

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors should add bottom of the table and figure for P value and type of test which was used for stats Discussion is informative and acceptable from my stand point.