

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88301

Title: Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with exposed endoscopic full-thickness resection: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05465429

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Staff Physician

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2023-10-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-17 06:45

Reviewer performed review: 2023-10-21 22:02

Review time: 4 Days and 15 Hours

Scientific quality	<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 Grade E: Do not publish
Novelty of this manuscript	<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
Creativity or innovation of this manuscript	<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

Scientific significance of the conclusion in this manuscript	<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
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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 Editor, Dear Author, I read with great interest the manuscript entitled "Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with endoscopic full-thickness resection: A case report " by Hui-Fei Lu et al. This was a case report describing a rare complication following gastric exposed EFTR. It was a perigastric encapsulated hemoperitoneum successfully treated by the use of a minimally invasive approach including US-guided drainage and endoscopic hemostasis. I consider the manuscript relevant for the research context. However, I have the following minor comments: 1. TITLE: it is unclear and should be modified. 2. ABSTRACT AND MAIN TEXT: given gastric exposed EFTR procedures have been widely reported worldwide, they should be modified, focusing more extensively on the occurrence of this rare post-EFTR adverse event and its successful mini-invasive management. 3. The term "EFTR" should be modified with "exposed EFTR" 4. The term "EFTR surgery" is misleading and should be obviated 5. INTRODUCTION: "Recently, endoscopic full-thickness resection (EFTR) in treating gastric stromal tumors originating from the muscularis propria obtained satisfactory therapeutic effects[12,13]" □ a systematic



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
<https://www.wjgnet.com>

review and pooled analysis has been published and should be properly cited (Granata A et al. Exposed endoscopic full-thickness resection without laparoscopic assistance for gastric submucosal tumors: A systematic review and pooled analysis. Dig Liver Dis. 2022 Jun;54(6):729-736.) 6. Figures regarding the management of the post-EFTR complication should be provided (if available) 7. DISCUSSION: the potential role of EUS-guided drainage in this setting should be discussed, as well as the adoption of techniques capable to achieve a full-thickness post-EFTR defect closure in order to reduce EFTR-related adverse events (Granata A et al. Closure techniques in exposed endoscopic full-thickness resection: Overview and future perspectives in the endoscopic suturing era. World J Gastrointest Surg. 2021 Jul 27;13(7):645-654)

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88301

Title: Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with exposed endoscopic full-thickness resection: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06475199

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2023-10-03

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2023-11-30 02:15

Reviewer performed review: 2023-12-01 09:01

Review time: 1 Day and 6 Hours

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

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

The manuscript presents a case report on a 47-year-old male patient with gastric stromal tumors, focusing on a rare complication that occurred following endoscopic full-thickness resection (EFTR). while the manuscript presents an interesting case, it requires substantial revision to enhance its depth, clarity, and contribution to the field.

Abstract: 1. The abstract, while clear, lacks a detailed discussion of the significance and implications of the findings. I suggest expanding this section to explicitly address the novelty and potential impact of the case on clinical practice. 2. The case presentation, although detailed, lacks a comprehensive discussion on the diagnostic process, including the reasoning behind choosing specific tests and the interpretation of their results. This information is crucial for understanding the decision-making process in this case. 3. Ethical considerations, including patient consent for the procedure and case reporting, are not clearly mentioned. This is a major oversight that needs to be addressed. 4. Imaging and Laboratory Findings: this section would benefit from a more detailed analysis. Specifically, how these findings compare with typical cases of gastric stromal tumors and what makes this case unique or noteworthy. The inclusion of comparative

images or data from typical cases would provide valuable context for the reader. 5. While the treatment process and outcomes are well documented, there is a lack of discussion on alternative treatment options and why they were not pursued. This aspect is critical for understanding the rationale behind the chosen treatment strategy. More information on post-treatment follow-up and any long-term care plans should be included to provide a complete picture of the patient's journey. 6. The discussion needs significant expansion. It should include a broader analysis of similar cases in literature, how this case adds to the existing body of knowledge, and what novel insights it provides. The limitations of this case study are not adequately addressed. It is important to discuss how these limitations affect the generalizability of the findings and what further research could be undertaken to address these limitations. 7. Ensure that the references are up-to-date and relevant. Some of the cited works appear to be quite old. Recent literature would provide a stronger foundation for the case. 8. General Suggestions: the manuscript requires careful proofreading and editing for language and grammatical accuracy. Consideration should be given to the overall flow and coherence of the manuscript. Transitions between sections and the logical progression of content could be improved.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88301

Title: Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with exposed endoscopic full-thickness resection: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02731847

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Associate Professor, Staff Physician

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2023-10-03

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2023-11-30 02:07

Reviewer performed review: 2023-12-06 01:06

Review time: 5 Days and 22 Hours

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

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

This manuscript details a unique case of a 47-year-old male undergoing endoscopic full-thickness resection (EFTR) for gastric stromal tumors, resulting in postoperative encapsulated hemoperitoneum. While the case is intriguing, it needs substantial revisions to enhance the manuscript's depth, clarity, and overall contribution to the field. The authors need to emphasize the case's novelty, thoroughly discuss the diagnostic process, and expand the discussion, addressing limitations and offering insights. Additionally, ensuring references are current is crucial. The authors should review the title of the paper, as it is not quite clear. I suggest modifying the abstract to focus on the rare adverse event and its management, and suggests clarifying terms. The inclusion of figures depicting post-EFTR complication management and discussing techniques for achieving full-thickness defect closure is advised. Language polishing is also recommended. Major revisions are essential, encompassing improvements in the abstract, diagnostic process discussion, detailed analyses of imaging and laboratory findings, treatment alternatives, and overall manuscript coherence.