

PEER-REVIEW REPORT

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Title: Application research of endoscopic submucosal dissection on duodenal space-occupying lesions

Reviewer's code: 02954439

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

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Reviewer chosen by: AI Technique

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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 Grade E: Do not publish
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

Review This is an interesting manuscript reporting ESD on duodenal space-occupying lesions. Recently, many ESD procedures have been successfully performed to remove esophagogastric and colonic neoplastic lesions; however, little evidence exists regarding the potential utility of ESD on duodenum lesions. The results provide important information on future prospective studies in this field. Therefore, I retain that the manuscript deserves publication on WJCC. Although this manuscript may be a timely report, there are a few comments for consideration.

Major)

- 1 The author mention "ESD can completely remove the lesion, which is conducive to the evaluation of postoperative pathology." Regarding duodenal neoplastic lesions, the author should add "en bloc resection" and "R0 resection" in the Table 1.
- 2 The author mention "Therefore, the duodenal lesion biopsy should be done parallel to the fold and should be small in size to avoid scarring and prevent from subsequent dissection." The authors need to give more room to discuss association between a biopsy and increasing the difficulty of ESD in this study.
- 3 In this study, perforation often occurs of submucosal lesion compared with mucosal lesions. I think if tumors, such as GIST, are wide adhesive to muscularis propria or serosa, full-thickness resection or LECS should be chosen in order to achieve safe treatment. It should be clearly described in this report.
- 4 On page 11, line 3, the sentence "Because it was located on the opposite side of the duodenal papilla, the submucosal field of view was not clearly exposed" is difficult to understand because of an uncertain meaning. Please amend this.

Minor)

- 1 Is ball-descending junction the same as superior duodenal angle?
- 2 The author described localization of duodenal bulbus as Ant/Post/G/L. I think the description of anterior/posterior/inferior/superior wall are suitable.
- 3 Page15 on the left side → on the medial side