

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 2579

Title: Utility of Single and Double Balloon Endoscopy in Patients with Difficult Colonoscopy - a Randomized Controlled Trial -

Reviewer code: 00047316

Science editor: Huang, Xin-Zhen

Date sent for review: 2013-03-03 17:10

Date reviewed: 2013-03-08 19:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The authors compared SBE with DBE in patients with previous incomplete colonoscopy because of several reasons. They achieved excellent total colonoscopy rates (91% v.s. 100%) even in these difficult cases. These results indicate the utility of SBE and DBE in patients with incomplete conventional colonoscopy. The tables and endoscopy pictures are informative, the discussion is short and clear. Only some minor questions may arise: 1.) Why did not administrate the authors sedatives during the endoscopy however, all cases were technically difficult base on the previous colonoscopy failures? 2.) Did the authors use CO2 or air insufflations? 3.) In one of the SBE cases the cecal intubation time was as long as 85 min, which was close to the 90 min limit being insertion time limit with conventional colonoscopies. How the authors comment this? 4.) The colorectal polyp detection rates were higher (45% and 30%) than with the usual one by colonoscopies. Were these polyps all adenomas? Do these authors conclude that by enteroscopes one can find even small polyps more precisely than with colonoscopies?

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Title: Utility of Single and Double Balloon Endoscopy in Patients with Difficult Colonoscopy - a Randomized Controlled Trial -

Reviewer code: 00504544

Science editor: Huang, Xin-Zhen

Date sent for review: 2013-03-03 17:10

Date reviewed: 2013-03-10 19:55

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Author, I have read with great interest your paper addressing an interesting comparison between single and double balloon enteroscopy for difficult colonoscopies. The paper is well written, the design and methods appropriate and the discussion well focused on the results and previous reports. The only drawbacks I see in the paper are the short number of patients included, and the lack of sedation for this patients, for colonoscopy and for enteroscopy. From a western perspective, nowadays performing colonoscopy or, even more retrograde enteroscopy, is unthinkable without sedation, which in most centers in Europe is administered by the endoscopist. This way, our rate of cecal intubation is higher and the needs of enteroscopy lower. I also doubt whether with only 21 patients the conclusions achieved by the authors are accurate, and represent the truth in clinical practice. The authors did not even perform a multivariate analysis in this population (it is impossible with this number of patients). That is why I have some reservations about the results, or its applicability of clinical practice. Kind regards.