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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 17012
Title: Endoscopic snare papillectomy for a solitary Peutz–Jeghers type polyp in the duodenum with ingrowth into the common bile duct: case report
Reviewer's code: 03004187
Reviewer's country: Greece
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] Grade B: Very good	[ ] 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 manusccript is a coherent report of a case of a solitary duodenal Peutz-Jeghers hamartomatous polyp. As indicated by the writers PJ types hamartomatous polyps are diagnosed with a lower risk of cancer and have been regarded as a clinical entity different from PJ-syndrome. The authors appropriately cite past literature and assist the reader in interpreting the clinical messege of their report. The rarity of well documented similar cases adds to the clinical importance and establishes the motivation of this report. One minor concern of mine that I find should be adressed is the authors? arguments on the decision of the therapeutic strategy and specifically on the question of endoscopic vs surgical resection. There are no definitive guidelines as to the size or diameter of above which endoscopic removal of hamartomatous polyps should be attempted and this is one of the few reports of succesful endoscopic resection of a polyp of this size, especially considering the added feature of it's ingrowth into the CBD. Is size and intraductal extension or morphological features indicating cancerous predesposition a criterion for surgical referral? I would also be interested in knowing the authors' opinion on pancreatic and biliary stenting during endoscopic treatment especially when

the major duodenal papilla is involved. Another valuable information that should perhaps be included is the follow up the authors think suitable. Further more it would be nice to explain how the authors determined that this a poly rather than a cancer and what would have been done in this case. Overall I think the paper adresses a critical clinical question intergrating an extended review of the literature.