



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 17170

**Title:** Endoscopic submucosal dissection with a ligation device for duodenal carcinoid tumor

**Reviewer's code:** 03260131

**Reviewer's country:** Turkey

**Science editor:** Jing Yu

**Date sent for review:** 2015-03-03 20:32

**Date reviewed:** 2015-04-01 04:27

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 checked="" 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 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"/> No	<input checked="" 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"/> No	

### COMMENTS TO AUTHORS

Keywords should be reduced Running title Endoscopic submucosal dissection with a ligation device should be written not as abbreviations.



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 17170

**Title:** Endoscopic submucosal dissection with a ligation device for duodenal carcinoid tumor

**Reviewer’s code:** 03025589

**Reviewer’s country:** Japan

**Science editor:** Jing Yu

**Date sent for review:** 2015-03-03 20:32

**Date reviewed:** 2015-04-02 21:50

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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"/> No	

**COMMENTS TO AUTHORS**

General comments: This is the interesting case report describing endoscopic submucosal dissection with a ligation device for duodenal carcinoid tumor. As the authors mention, ESD-L for carcinoid tumor seems to be effective. However, there are several points that should be resolved to improve the manuscript. Major comments: 1. I think that ESD is a procedure composed of the 2 phases: circumferential mucosal incision and submucosal dissection under the lesion. In this procedure, only circumferential incision is performed. So, I feel a little strange referring to the procedure as ESD-L. Is it popular to call this technique ESD-L? Please clarify in more detail. 2. There are some reports of endoscopic resection such as conventional EMR, ESMR-L, and ESD, for rectal carcinoid. However, duodenal carcinoids are difficult to resect endoscopically, because the wall of duodenum is thinner than that of rectum and endoscope maneuverability is limited within the narrow working space. Moreover, I think that band ligation of duodenal wall has a potential risk of muscular involvement. Please discuss differences in organ characteristics in more detail. Minor comments: 1. You mentioned that it may be impossible to dissect fibrosis of the submucosa by ESD or to suck the tumor



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through a ligation device in cases of submucosa with high fibrosis. However, I think the advantage of ESD is that tumors can be resected endoscopically in an en bloc fashion regardless of size or the existence of fibrosis. Please discuss in more detail. 2. You mentioned that you attempted submucosal dissection but could not do so because of high fibrosis. The duodenal wall is generally thin and specific such as brunner's glands, so it is sometimes difficult to lift the tumor by submucosal injection. Did histopathological examination show carcinoid tumor with severe fibrosis? In Figure3, it is difficult to recognize the fibrosis. Please add more clear histopathological picture. 3. English editing should be sought.