

ESPS Peer-review Report

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Title: LONG-TERM OUTCOME AND QUALITY OF LIFE AFTER TRANSORAL STAPLING FOR ZENKER DIVERTICULUM

Reviewer code: 00044521

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

COMMENTS TO AUTHORS

This is a highly interesting study upon the long-term outcome of patients with Zenker's treated by transoral stapling diverticulotomy. 100 patients could be recruited over about 10 years and 94 of them had a systematic follow-up. In the course of the recruiting period a technical modification was introduced by using special traction sutures. The message is certainly important and interesting for the medical community. However, some points should be taken into account: 1. The Mallampati and Cormack score should be described (literature). It is strongly recommended to use the Brombart classification to describe the type of Zenker's treated. 2. Was stapling diverticulostomy the only primary approach to Zenker at the recruiting period? In other words: Were there no patients to whom the open approach was recommended? What did the authors do with small diverticles (Brombart I and II)? 3. How many patients were actually operated using the modified technique? Since the modification was introduced later in the series, the follow-up should be shorter (? lower recurrence). Discussion: The overall discussion about the treatment of Zenker's diverticulum is today dominated by the approach of the gastroenterologists to perform diverticulostomy by means of flexible endoscopy just under sedation. The question today is not that much whether stapling diverticulostomy is equal to open conventional surgery but equal to the flexible endoscopic treatment. It is well known that the recurrence rate of diverticulostomy is high. Even if using the traction sutures, in these series it is still as high as 15 % after 63 months! It should be discussed whether conventional myotomy and diverticulectomy is superior at least in young patients.