

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31575

Title: Fibrin sealant for closure of mucosal penetration at the cardia during peroral endoscopic myotomy (POEM): a retrospective single-center study.

Reviewer's code: 02549032

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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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting, retrospective study from one center, on fibrin sealant for closure of cardia mucosal penetration during POEM. The study is interesting for publication. However, there are some minor issues that need further clarification: 1. How did the authors measured the exact diameter of the mucosal penetration? 2. Please give data regarding type of myotomy related to mucosal penetration. Because if selective myotomy was performed then the outer longitudinal muscle layer could be a barrier and so for such small mucosal penetrations, only prolonged fasting could be enough to close, as this was the case in other studies. So it is not clear if the mucosal closure was due to fibrin sealant or it could have been closed spontaneously. 3. Fibrin sealant was not effective in closure e.g. post bariatric surgery fistulas? Why the authors found it easy and effective in closure of mucosal penetrations during POEM? A discussion a comparison could be of interest. May be these small penetrations could have been closed spontaneously without fibrin sealant? 4. Nobody knows, if these small gastric cardia penetrations during POEM, could had been spontaneously closed only by prolonged fasting?? 5. It would be of interest the parameters related to mucosal penetration, such as

operator experience, type of achalasia (e.g. spastic type III or vigorous achalasia type II), type of myotomy (selective v.s full thickness?) 6. Another issue of this study is that the authors used combined clipping and fibrin sealant to close small cardia mucosal penetration. This is confusing and made this study questionable. How many patients received only fibrin sealant and how many combined clipping and fibrin sealant to close the mucosal penetration? 7. What is glasses style antireflux myotomy? 8. Although mucosal penetration is considered as dangerous side effect during POEM this has not been proved in the practice as the majority cases with mucosal penetrations did not sequenced to life threatening complications¹ (Eleftheriadis N, Inoue H, Ikeda H, et al. Submucosal tunnel endoscopy: Peroral endoscopic myotomy and peroral endoscopic tumor resection. *World J Gastrointest Endosc* 2016;8:86-103.) So a comment on the mucosal entry penetration and its consequences should be made.) 9. English language mistakes. 10. The authors should also discuss the other methods of closure of mucosal penetrations such as clipping, Overstitch (Apolo system) etc.