

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 87266

Title: Overview on the endoscopic treatment for obesity: A review

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00504581

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Specialist, Attending Doctor, Doctor, Medical Assistant, Staff Physician

Reviewer's Country/Territory: Spain

Author's Country/Territory: Bahrain

Manuscript submission date: 2023-08-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-08-04 18:46

Reviewer performed review: 2023-08-10 09:13

Review time: 5 Days and 14 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This issue is very interesting and has been extensively studied, with numerous reviews and meta-analyses focusing on outcomes related to weight loss and safety. Therefore, any new review should be a thoroughly review and should cover different topics people often don't do it. The Authors attempt to consolidate information from multiple reviews and metanalysis. However, there is a notable absence of critical discussions regarding indications comparing the different approaches, and suggesting which endoscopic procedures should be first indicated and when the others. For instance, the actual role of intragastric balloons in obesity treatment should be commented. The discussion of adverse events is short and superficial.

1.- The introduction of this review is overly lengthy and could benefit from being more concise, as it tends to repeat well-known data. The authors write "even if there are clinically significant comorbidities (metabolic, psychological, etc.), patients with a BMI of 35 kg/m² or over are not suitable for bariatric surgery . " Could you explain a little more the reasons why these patients are not suitable for bariatric surgery? Bariatric endoscopy

2.- on page 6, the authors mentioned, "The drawbacks of IGBs, such as risks during insertion

and removal, and unknown long-term weight loss benefits, prevent their widespread use [41]." Nevertheless, the text lacks commentary on the methods of balloon placement and withdrawal, as well as their association with complications. Specifically, there's no mention of whether conscious sedation or general anesthesia is used or should be used during balloon withdrawal (with or without anesthetic intubation) and their relationship with some complications.

3.- Regarding page 7, the phrase "Between 2016 and 2019, the number of IGB surgeries" requires clarification. What does "IGB surgeries" refer to? And "...Consensual management had an adverse event" what does it mean

4.- Additionally, on page 8, when discussing a single balloon type (Orbera intra-gastric balloon), the authors stated, "the balloon implantation assembly is inserted directly into the stomach, and a volume of 500 to 700 mL saline solution." It's important adding to the text here that 5 ml of methylene blue should also be included , because the authors mentioned "...however, current practice mandates a very simple method of detection through observing any irregular change in urine output [58]. For the reader's clarity, it's important to indicate the reason why to choose the volume of inflation on 500 or 700 ml.

5.- There's a lack of discussion on a significant issue: the role of intragastric balloons as a bridge before bariatric surgery, aimed at reducing BMI and potentially lowering the morbidity associated with bariatric surgery. Taking into a count the IGB is a well-known temporary weight loss device [36 this could be a perfect indication of IGB treatment The authors' reference to this issue is indeed quite limited, and only in the part of INTRAGASTRIC BALLOONS (AIR FILLED) with "They can also be used as a preoperative test before doing restricted bariatric surgery on patients. Furthermore, an intragastric device can be used as a "bridge treatment" before major surgery in individuals with severe obesity to lower the risk of operation-related complications [66]." However, there are many more data and considerations published in the literature with the fluid balloon to provide a more comprehensive analysis

6.- INTRAGASTRIC



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BALLOONS (AIR FILLED) there is needed of more technical information about: Gas Inflation: Provide specifics about the type of gas used for inflation of air-filled intragastric balloons. This could include mentioning whether it's regular air or a specific medical-grade gas mixture. Also, indicate the volume or amount of gas typically used for inflation and why. Mechanism of Inflation: Explain please the procedure or equipment utilized for inflating air-filled balloons. This could involve details about how the gas is introduced into the balloon, whether it's through a specific catheter. 7.- COMPLICATIONS WITH IGBS Please include a comprehensive table detailing the types and rates of complications, as well as the causes of fatalities, would greatly enhance the clarity and completeness of the information. " Esophagitis ,Upper Bleeding ,Untreatable Vomits by gastric or bowel obstruction , Perforation ,Dehydration Acute Renal Failure, Problems with Aerial Via Airway obstruction, choking" , and add any additional complications or causes of fatality that are relevant to your study. Remember to provide the specific rates. 8.- ENDOSCOPIC SLEEVE GASTROPLASTY (ESG) Page 15: "There were no intra-procedural complications, and around 2.3% of patients had serious post-procedure issues." Could you explain them? In the last paragraph of this page, the authors write, "Leaks, perforation, bleeding [115], better depth perception, better visualization [116], severe abdominal pain, and a perigastric collection [117] have been reported. Intraabdominal collection, refractory symptoms requiring ESG reversal, hemorrhage requiring transfusion or endoscopic intervention, pneumoperitoneum and pneumothorax, and pulmonary embolism [118], are among the serious adverse events..." If these are described complications of ESG, they should be commented and joined after the sentence "... and around 2.3% of patients had serious post-procedure issues" 9.- Could you explain the TOGA acronym and also the differences with the POSE method and ESG? Please add some figures. 10.- There is no comment about the lasting utility of the ESG procedure as time passes by,



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especially when comparing it with laparoscopic sleeve gastrectomy. 11.- It is necessary to comment and stress in detail any comparative study published in the literature , comparing ESG and Laparoscopic sleeve gastrectomy results ,AEs, and lasting outcomes , such as perhaps the only one commentary found in the text on page 15 “However, a study found laparoscopic sleeve gastrectomy to be more efficient then ESG as it improved weight related QoL significantly [114]. MALABSORPTIVE ENDOSCOPIC PROCEDURES 12.- Duodenal Jejunal bypass sleeve Could you explain what the technical procedure for DJBS is? Please add some images. “Serious AEs can be observed such as pancreatitis, GI bleeds, hepatic abscess, obstruction of the sleeve, and esophageal tears” could you add the rate of this AEs 13.- There are not any comment and discussion about duodenal mucosal resurfacing

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Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Bahrain

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Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-08-22 06:19

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Review time: 10 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

very well-written and narrative review in a topic of clinical importance