



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 80624

Title: Choosing the best endoscopic approach for post-bariatric surgical leaks and fistulas: Basic principles and recommendations

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05266498

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Brazil

Manuscript submission date: 2022-10-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-09 11:40

Reviewer performed review: 2022-10-13 21:59

Review time: 4 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
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 type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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 review is trying to summarize the current advances in endoscopic management of post bariatric surgery surgical leaks and fistulas. However, the Title doesn't reflect the true subject of the manuscript, which describes various ways of management of generally post-operative fistulas and leaks. Ultimately, the Title question is only answered between pages 31-34. The scientific method used to collect the data and write the review, was not mentioned in the manuscript and there is no flow diagram as per PRISMA guidance. The manuscript lacks proper structure and the Introduction is very long, analyzing in depth the diagnosis, classification, epidemiology, definition of post bariatric leaks/fistulas, extensive summary of endoscopic techniques, which is not required. The discussion on the other hand is not accurate, not highlighting the paper's key points in a concise and logical way, without stating the findings clearly. In addition, it is too short and lacks any references. The 'authors experience' mentioned on the tables is not linked to any reference. The original mark up and comments from the authors were not removed from the manuscript that was sent for peer-review and are still visible. I think that in this format, this review should be rejected.



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Title: Choosing the best endoscopic approach for post-bariatric surgical leaks and fistulas: Basic principles and recommendations

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06211478

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Academic Fellow, Chief Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Brazil

Manuscript submission date: 2022-10-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-16 00:09

Reviewer performed review: 2022-10-22 02:52

Review time: 6 Days and 2 Hours

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
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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 is an interesting summary reviewing the basic principles and recommendations of endoscopic managements for post-bariatric surgical leaks and fistulas. A detail analysis has been given in the manuscript.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03537202

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Adjunct Professor, Doctor, Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-10-06

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-11-03 10:49

Reviewer performed review: 2022-11-03 11:47

Review time: 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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Minor revision <input 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 type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

STATUS: ACCETTABLE FOR PUBBLICATION PENDING MAJOR REVISIONS Short summary according reviewer: Authors reported an overview to discuss the pathophysiology, characteristics, diagnosis, and management of post-bariatric surgical leaks and fistulas, focusing on endoscopic therapies. General considerations + Study design: This is a review article. The paper is original and well-written. The iconography is representative and the text exhaustive. Although it is not the “first” article about this topic, I recommend its publication, pending minor revisions. Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Paper On some aspects, the authors should address: 1)It would be interesting if you could include a schematic drawing so as to better define the two types of bariatric lesions you have studied, i.e. leaks and fistulas. I believe that this expedient would guarantee a greater number of readers. 2)I suggest you read and discuss the following article. It represents a panoramic overview about the diagnostic imaging methods most commonly used in the evaluation of complications in bariatric surgery. The article is also open access. I believe it is necessary to add it also in the bibliography, citing it. -Catelli A et al. Diagnostic imaging in the diagnosis of acute complications of bariatric surgery. Pol J Radiol. 2021 Feb 9;86:e102-e111. doi: 10.5114/pjr.2021.104003. PMID: 33758635; PMCID: PMC7976234. 3)Among the diagnostic methods in the Diagnosis paragraph, it is appropriate to include more clarifications regarding upper or lower RX GI series and CT. What contrast media are commonly used? Should Gastrografin be used or not? Please, specify it. You will find these informations also in the article mentioned above. Figures: images are of good



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quality. -If you have ones, could you insert RX GI series or CT images?