

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 41280

**Title:** Tight near-total corrosive strictures of proximal esophagus with contiguous involvement of hypopharynx: Flexible endoscopic management using a novel technique

**Reviewer's code:** 02444931

**Reviewer's country:** China

**Science editor:** Ying Dou

**Date sent for review:** 2018-08-07

**Date reviewed:** 2018-08-17

**Review time:** 9 Days

| SCIENTIFIC QUALITY                                     | LANGUAGE QUALITY  | CONCLUSION   | PEER-REVIEWER STATEMENTS                      |
|--|---|--|---|
| <input type="checkbox"/> Grade A: Excellent            | <input type="checkbox"/> Grade A: Priority publishing       | <input type="checkbox"/> Accept                    | Peer-Review:                                  |
| <input checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good                 | polishing   | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of           | (General priority)                                 | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not               | language polishing  | <input type="checkbox"/> Minor revision            | topic of the manuscript:                      |
| publish  | <input type="checkbox"/> Grade D: Rejection                 | <input checked="" type="checkbox"/> Major revision | <input type="checkbox"/> Advanced             |
|  |   | <input type="checkbox"/> Rejection                 | <input checked="" type="checkbox"/> General   |
|  |   |  | <input type="checkbox"/> No expertise         |
|  |   |  | Conflicts-of-Interest:                        |
|  |   |  | <input type="checkbox"/> Yes                  |
|  |   |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

1. This article reported a novel flexible endoscopic technique for the management of tight near-total corrosive strictures of proximal esophagus with contiguous involvement of hypopharynx. While this is an interesting topic. 2. As a minimally invasive



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endoscopic management described in the Discussion part, there is no mention of different clinically treatments or other minimally invasive treatment for comparison. 3. When considering the prognosis conditions, the authors ignored to reflect the wound size, and what indicators used to determine the size of the wound after treatment. 4. In the endoscopic procedure, there are some questions left behind: Is the co-axial diathermic dilator or other tools used to traverse new products? Is it used for the first time here? Isn't it smaller? 5. Although a free-hand incision or lacking of electroincision after dilatation is easy to relapse, is there any complications during or after electroincision? Even if there are no complications in these two cases, how to avoid or prevent serious complications that may occur? 6. In Table 1, a comparison between the two cases and the traditional treatment methods could be added to make the advantages of the novel endoscopic technique more clearly. 7. In the first half of Video 3, for the sake of explanation, the time of cutting was too long. The process of expansion, as well as the wire, was not shown in the video. 8. There is some inconsistency in the page numbers of the reference format. 9. Some English expression in the text may not be appropriate and some sentences are difficult to follow. For example: Line 93. Change "depriving the patients from life-saving minimally invasive therapy" by "depriving the patients of life-saving minimally invasive therapy". Lines 120-121. In the sentence: "Strictures in both the cases were felt undilatable as the balloon dilators could not open up the adhesions in post-cricoid space and in the blocked piriform sinus", what does "undilatable" mean? Line 160. "22 months in first case and 14 months in second case" should be "22 months in the first case and 14 months in the second case". Line 203. "reputed" should be "reported". Line 220. "cricopharyngeal" should be "cricopharyngeal". Line 275-276. "in one of the piriform sinus" should be "in one of the piriform sinuses".

## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

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**Manuscript NO:** 41280

**Title:** Tight near-total corrosive strictures of proximal esophagus with contiguous involvement of hypopharynx: Flexible endoscopic management using a novel technique

**Reviewer's code:** 01047575

**Reviewer's country:** China

**Science editor:** Ying Dou

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|   |   |  | Conflicts-of-Interest:                        |
|   |   |  | <input type="checkbox"/> Yes                  |
|   |   |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

This is a case report study which reported a novel treatment of tight near-total corrosive strictures of proximal esophagus with hypopharyngeal involvement. This is significant, especially for clinicians. However, the manuscript was not well prepared. 1.The



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characteristics of these two cases should be summarized well to guide the treatment of this disease and to answer some questions, such as what's the indication of this novel method? 2. Generally speaking, treatments for the strictures of proximal esophagus includes many methods, such as surgery and endoscopic management. The authors should compare the advantages and disadvantages of this novel treatment with other methods. 3. The abbreviation should be given the full spelling in the first presence. 4. Three-line table should be the standard for manuscript.

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