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**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 22524

**Title:** Cap assisted endoscopic sclerotherapy (CAES) for hemorrhoids: Methods, feasibility and efficacy

**Reviewer's code:** 03004226

**Reviewer's country:** United States

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-09-01 22:03

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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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

**MAJOR CRITICISMS** In this submission Zhang et al describe a modification of the band ligation technique of hemmorrhoid therapy to by using ESD caps with sclerotherapy. In addition to a novel technique their analysis is rigorous including the use of a post-procedure questionnaire. The images and diagram are also excellent. However their are several important criticisms. 1) The cost of an endoscopic procedure and 12 ours of hospital observation is markedly higher than an outpatient procedure using a disposable anoscope. What would legitimize this increased cost. When would this approach be practical (ie in those undergoing colonoscopy for bleeding or another reason). 2) In light of the recent CRE infections of duodenoscopes it would seem that using a sigmoidoscope/colonoscope instead of a disposable anoscope would require scope sterilization and put the patient at very small though possible risk of infectious complications. Addition this would add a lot of cost to the procedure. 3) How can the authors be sure that the adverse event, the patient "who claimed mild tenesmus within four days was "due to an endoscopist who performed this procedure for the first time." It would be better just to note that this was due to subdentate injection



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causing pain. 4) Why were the patients observed for 12 hours, often patients return home immediately after such injections. MINOR CRITICISMS 1) The second paragraph in the introduction should be changed to "Hemorrhoids HAVE been well described for thousands of years" 2) Change the last sentence of the introduction to "When an office-based therapy is still ineffective, patients MAY CONSIDER further intervention such as hemorrhoidectomy" 3) In the discussion the sentence in the discussion "This injection with long needle would be helpful for avoiding injection with retroflexion of the endoscope, as retroflexion of the endoscope could not be successfully performed for each case." demonstrates poor grammar and the word retroflexion should be used 4) It is noted that IRB approval was obtained but was this achieved prior to initiation of study activities?



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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

The authors presented a novel technique for endoscopic treatment of hemorrhoids. The use of a cap mounted on the tip of an endoscope was useful to stabilize its position for precise injection of a sclerosing agent. Overall, the model is elegant and the results seem promising. I have a few remarks. 1) The small sample size is the main limitation of this study. Please state if the authors are planning to perform a larger prospective study, based on these preliminary results. 2) Did the use of the cap allow to treat all the hemorrhoids in a forward view fashion with no need for retroflexion? Please elucidate in the text. 3) The use of a 15 mm needle is not repeatable in other centers since it was specifically manufactured for the study. Do the authors believe that the same results could be obtained with a standard commercially available needle or not? 4) The use of a 15 mm long needle worries me a little. How did the authors make sure that that such a long needle was not penetrating beyond the hemorrhoid itself? I believe there is a risk of injuring deeper tissues or injecting outside of the hemorrhoid on its proximal side. 5) English language needs improvement.