

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14503

**Title:** Metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction

**Reviewer's code:** 00009415

**Reviewer's country:** Greece

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-10-08 17:57

**Date reviewed:** 2014-11-06 16:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

In this case report the authors present 2 cases of metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction. The technique is well described, but the text needs to be corrected by a native English language editor.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14503

**Title:** Metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction

**Reviewer's code:** 00227359

**Reviewer's country:** Turkey

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-10-08 17:57

**Date reviewed:** 2014-10-08 20:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 study reports two patients who had previous biliopancreatic surgeries for malignancy. Roux limbs of the bilier or biliopancreatic bowel segment of the patients were obstructed with recurrent malignancies. Authors explain the endoscopic palliation of those malignant small bowel obstructions by double balloon endoscopy. There are some misprinting and techical misuses of the surgical terminologies (eg.pancreatoduodenostomy). If there was a Roux limb, the bowel segment was not called as afferent loop. I suggest an editing by a surgeon.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14503

**Title:** Metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction

**Reviewer's code:** 02552296

**Reviewer's country:** Greece

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-10-08 17:57

**Date reviewed:** 2014-11-02 01:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input checked="" 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		[Y] No	<input type="checkbox"/> [ ] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

I believe this to be a well researched and written article that will be of interest to the readership of the World Journal of Gastrointestinal Endoscopy and will add to the literature and knowledge base around management of this condition. The method seems does not have a high degree of difficulty but needs more cases to determine the rates of adverse events and studies to compare this approach with surgery.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 14503

**Title:** Metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction

**Reviewer's code:** 02723208

**Reviewer's country:** Italy

**Science editor:** Yue-Li Tian

**Date sent for review:** 2014-10-08 17:57

**Date reviewed:** 2014-11-05 06:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The present paper is a report of two cases of malignant afferent loop obstruction treated by the placement of a SEMS through an overtube and over a guide-wire. The overtube and the guide-wire were placed respectively downstream and upstream to the stenosis using a DBE; as the next step, the endoscope was removed. In fact it would be impossible to introduce the stent into the 2.8 mm operator channel of this type of scope. Although the series include only two patients, the technique is interesting and potentially useful, thus I think that this contribution is worthy of being published. Nevertheless I have some minor criticisms and I suggest to review some points of the manuscript: 1. The two patients presented jaundice and cholangitis. As can be seen in the pictures, the stenoses of the afferent loop were distal to the hepatic-jejunal anastomosis in both patients. In my experience cholangitis due to afferent loop obstruction distal to the hepatic-jejunal anastomosis is rare. In these cases jaundice and cholangitis are more often due to perianastomotic neoplastic strictures, or to hepatic metastases. I believe that the technique proposed by the Authors could not apply to peri-anastomotic strictures: in these cases a percutaneous approach, or even a EUS-guided

trans-hepatic drainage may be more straightforward. I invite the Authors to address this point in the discussion section. Furthermore bilirubin concentration before and after the procedure should be reported for comparison. 2. I suppose that the overtube used by the Authors, was the one provided by the DBE manufacturer. Was the balloon on the tip of this overtube kept inflated during the insertion of the SEMS on the guide-wire? 3. The Authors should indicate whether they attempted to reach the stenosis using a standard endoscope (for instance a colonoscope). 4. I am not sure that the English language of this tense is correct: "from about postoperative 1 year" (page 5). 5. "cystography" (page 6, third line). I guess the Authors mean "radiography", or "fluoroscopy". 6. "Ultrasound-guided drainage was performed for dilated jejunal limb of afferent loop, but repeated inflammatory aggravation with drain obstruction occurred". I think that this could not be considered a standard approach to the clinical scenario described by the Authors, but I agree it could be effective and minimally invasive. Have the Authors developed an extended personal experience of this approach? Is experience available in current medical literature?