



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 100510

Title: Reflux after peroral endoscopic myotomy: The dilemma and the options

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08353502

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2024-08-18

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2024-11-04 08:52

Reviewer performed review: 2024-11-04 08:56

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 Grade E: Do not publish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



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input 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 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

This article presents a well-rounded exploration of gastroesophageal reflux following peroral endoscopic myotomy (POEM), an emerging treatment for achalasia. It provides an in-depth analysis of the incidence, symptom-pathology discrepancies, predictive factors, and available management strategies for post-POEM reflux, comparing them with the established laparoscopic Heller myotomy (LHM). This level of detail, combined with a comprehensive review of both traditional and novel anti-reflux techniques such as proton pump inhibitors (PPI) and endoscopic fundoplication, adds valuable insight to the clinical management of post-POEM reflux. Strengths Comprehensive Scope: The article thoroughly covers the key aspects of POEM-related reflux, including causes, incidence rates, and emerging techniques for reducing reflux, making it highly informative for clinicians. Evidence-Based Analysis: With extensive citations of recent studies and clinical trials, the article provides a strong evidence base, lending credibility to the information presented. Clinical Relevance: The exploration of predictive factors and management options is practical for guiding clinical decision-making and tailoring interventions based on patient-specific risk factors. Weaknesses and Suggestions Overly



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Dense and Technical Language: The article is densely written, with complex sentences and medical jargon that could be challenging for readers outside the immediate specialty. To improve clarity, consider simplifying terminology where possible or providing brief explanations for highly technical terms. Additionally, breaking down lengthy paragraphs into shorter segments with subheadings could enhance readability and guide readers through the material. Repetitive Content: Some sections, such as the comparison between POEM and LHM, present repetitive information about reflux incidence and anti-reflux procedures. Streamlining these comparisons could make the content more concise and allow space for other important discussions, such as more nuanced analyses of POEM's advantages and disadvantages. Lack of Patient-Centered Perspectives: While the article includes a clinical perspective on managing reflux, it lacks emphasis on patient-centered outcomes, such as quality of life or patient satisfaction. Incorporating a brief discussion on how reflux impacts patient-reported outcomes or daily activities would add a valuable dimension to the analysis, making the findings more relatable for healthcare providers focused on patient care. Limited Long-Term Follow-Up Data: The article primarily references short-term studies or data on emerging techniques for reflux management post-POEM. Long-term follow-up data is crucial to determine the sustainability and safety of interventions like endoscopic fundoplication and POEM-F. Including more discussion on long-term outcomes, or suggesting areas where future studies are needed, would strengthen the article's practical utility. Lack of Cohesion in Management Strategies: Although various reflux management techniques are discussed, there could be more cohesion in outlining a clear management protocol. For example, a flowchart or structured summary of when to use PPI versus when to consider endoscopic or laparoscopic fundoplication could help guide clinicians. This would provide a more actionable framework for decision-making. Insufficient Analysis of Risk-Benefit Balance for Emerging Techniques: While the article highlights emerging



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anti-reflux procedures, it could benefit from a more detailed assessment of the risk-benefit balance of these techniques. For example, procedures like transoral incisionless fundoplication (TIF) and POEM-F have potential but also present risks that are not yet fully understood. A critical assessment of the potential risks and limitations would make the discussion more balanced and provide a realistic view of these options.

Minor Gaps in Referencing Recent Evidence: The article could benefit from referencing the most recent meta-analyses or high-quality randomized controlled trials, especially in areas where data is inconsistent or evolving. Including more recent evidence would bolster the article's credibility and ensure readers have the latest insights to base their clinical decisions on.