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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 111386

Title: Upper gastrointestinal endoscopy in pediatric gastroenterology: Diagnostic and therapeutic applications

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08394992

Position: Peer Reviewer

Academic degree and professional title: Associate Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Sri Lanka

Manuscript submission date: 2025-06-28

Reviewer chosen by: AI Editor

Reviewer accepted review: 2025-07-04 02:07

Reviewer performed review: 2025-07-04 02:30

Review time: 1 Hour

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? No Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes
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Is the content of the Introduction adequate? **Yes**

Is the content of the Materials and Methods complete?

Not Applicable

Is the description of the experiments clear and complete? **Not Applicable**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Not Applicable**

Are the experimental data of the Results true and reliable? **Not Applicable**

Are the quality and resolution of the images up to standard? **Not Applicable**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Not Applicable**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **Not Applicable**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Not Applicable**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **No**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **No**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers?



	Yes Are additional experiments needed for the study? No Does the research scope comply with ethics? Not Applicable
Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade C (Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Onymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	

SPECIFIC COMMENTS TO AUTHORS

This review manuscript presents a valuable and clinically relevant synthesis of the current state of pediatric upper gastrointestinal (GI) endoscopy, effectively capturing both its essential diagnostic capabilities (e.g., evaluating dysphagia, GI bleeding, failure



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to thrive, suspected EoE) and its expanding therapeutic role (foreign body removal, stricture dilation, variceal management). The authors demonstrate commendable expertise in the field of pediatric gastroenterology, particularly in their thoughtful consideration of the unique challenges inherent to performing endoscopy in children. This includes not only the obvious anatomical and physiological differences but also crucially highlighting the significant resource limitations often faced in pediatric practice, such as restricted availability of appropriately sized endoscopes (especially ultrathin models) and the heightened anesthesia-related risks requiring specialized pediatric anesthesiology support. Furthermore, their inclusion of emerging technologies, such as Per-Oral Endoscopic Myotomy (POEM) for achalasia and radiofrequency ablation for refractory gastroesophageal reflux disease (GERD), positions the review at the forefront of innovation.

However, substantial revisions are necessary to elevate the manuscript to a publishable standard and ensure its accuracy and utility as a definitive reference. Technical descriptions currently lack the precision required for a comprehensive review. For instance:

The discussion of ultrathin endoscopes (<6 mm diameter), vital for neonates and infants, omits critical specifications like working channel diameters and compatible therapeutic tools/accessories, details directly impacting clinical utility and procedural planning.

Explanations of Image-Enhanced Endoscopy (IEE) techniques (e.g., Narrow Band Imaging - NBI, Fujifilm Intelligent Chromo Endoscopy - FICE) remain superficial. They fail to detail the underlying optical principles (e.g., NBI's reliance on specific light wavelengths like 415nm and 540nm targeting hemoglobin absorption) that differentiate them and inform their diagnostic application in conditions like Barrett's esophagus surveillance or early neoplasia detection.

A critical deficiency is the complete absence of all referenced tables and figures



(specifically Figure 1, Tables 1-2, Box 1). These visual aids are indispensable for summarizing complex information, comparing techniques, and illustrating key concepts. They must be provided in the revision, ensuring their content aligns perfectly with the text and that numbering is consistent throughout the manuscript. Furthermore, the content of Table 1 (as referenced in the text) raises concerns; the inclusion of "GERD surveillance for Barrett's esophagus" as a common indication requires significant qualification. This practice is exceedingly rare in pediatric populations and not routinely recommended, a point strongly emphasized in current guidelines from the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN). Failing to contextualize this risks misleading readers.

The literature review exhibits notable gaps and outdated information:

Sedation protocols rely on 2008 ASA standards, overlooking crucial 2016 updates from the American Academy of Pediatrics (AAP) regarding age-based fasting guidelines, which are fundamental for safe procedural practice in children.

Terminology inconsistencies, such as the sporadic use of the acronym "EoE" for eosinophilic esophagitis instead of consistent full terminology or defined abbreviation upon first use, disrupt readability and professionalism.

Certain claims lack robust evidence, notably the assertion regarding routine pre-procedural coagulation screening. This is overstated and contradicted by evidence demonstrating its limited predictive value for clinically significant bleeding in children undergoing routine diagnostic endoscopy without specific risk factors.

To significantly enhance the pediatric relevance and practical value of the review, the authors should consider expanding discussions on:

Anatomic challenges unique to children (e.g., navigating the acutely angled duodenum in infants).

Ethical considerations, particularly the principles of family-centered care surrounding



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sedation choices, consent processes involving both parents and older children, and post-procedural communication.

Resource-adaptive strategies for settings with limited equipment or personnel, offering practical alternatives without compromising core safety.

Additionally, several formatting and presentational issues require attention:

Inconsistent ORCID iD hyperlinking across author affiliations.

Journal name errors in the reference list (e.g., Reference 12 cited incorrectly).

Crucially, the references need updating to be predominantly within the last 5 years to reflect the most current evidence, guidelines, and technological advancements.

In conclusion, while the manuscript provides a valuable foundation for understanding pediatric upper GI endoscopy, it currently requires substantial refinement before publication. Prioritization should be given to: 1) Completing and integrating all missing figures and tables; 2) Updating and adding precision to technical descriptions (scope specs, IEE principles); 3) Thoroughly revising the literature review to incorporate the latest sedation guidelines, correct terminology and overstated claims, and include recent references; and 4) Resolving formatting inconsistencies. By diligently addressing these points related to technical completeness, accurate data presentation, adherence to contemporary guidelines, and scholarly presentation, this review has the potential to become an indispensable, timely, and authoritative reference for pediatric gastroenterologists, surgeons, trainees, and nurses, actively contributing to the advancement of safe and effective endoscopic practice for children globally.



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Manuscript NO: 111386

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08430690

Position: Peer Reviewer

Academic degree and professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Sri Lanka

Manuscript submission date: 2025-06-28

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2025-07-07 03:08

Reviewer performed review: 2025-07-10 18:43

Review time: 3 Days and 15 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? No Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes
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Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes**

Are the experimental data of the Results true and reliable? **Yes**

Are the quality and resolution of the images up to standard? **Yes**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **Yes**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **No**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **No**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers?
Yes

Are additional experiments needed for the study? **No**

Does the research scope comply with ethics? **Yes**

Scientific quality	Grade C (Good)
Novelty of this manuscript	Grade C (Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	

SPECIFIC COMMENTS TO AUTHORS

In this review, Wathsala Hathagoda et al. examined the role of upper gastrointestinal (GI) endoscopy in diagnosing and managing common pediatric gastrointestinal conditions, emphasizing significant advancements in techniques, clinical applications, and future directions. The manuscript offers an in-depth overview of both diagnostic and therapeutic uses of upper GI endoscopy in pediatric patients, covering a broad spectrum of conditions such as eosinophilic esophagitis, celiac disease, and inflammatory bowel disease. It includes historical developments, current practices, and future prospects,



providing a comprehensive perspective. The review also highlights the unique challenges of performing endoscopy in children, such as sedation, equipment limitations, and the need for specialized training and infrastructure. The topic is relevant to clinical practice, and the authors conducted a thorough literature review. They presented their findings clearly and effectively addressed their research objectives. Overall, the manuscript is well-written.

The manuscript can be improved by addressing the following points:

- The abstract is comprehensive but could be more concise. Focus on key findings and advancements in pediatric upper GI endoscopy while reducing repetitive details.
- Provide a clearer transition from historical advancements to current practices in pediatrics in the introduction section.
- Include a section on study methods, including how the literature review was performed.
- Expand on the psychosocial aspects of preparation, emphasizing strategies to reduce anxiety in children and parents during the pre-procedural evaluation.
- Include a table of various pediatric-sized scopes available, including manufacturer information.
- Add a section on the role of pediatric upper GI endoscopy in resource-limited settings or countries.
- Incorporate more examples of how artificial intelligence and image-enhanced endoscopy can be integrated into pediatric practice.
- Ensure consistent terminology throughout the manuscript (e.g., "upper GI endoscopy" vs. "gastroscopy").
- Revise the conclusion to more succinctly summarize the key takeaways, emphasizing the importance of innovation, training, and research, as well as the need for standardized protocols and dedicated pediatric endoscopy units.