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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 108934

Title: Endoscopic management of intragastric balloon related gastric outlet obstruction:
A case report and review of literature

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06109343

Position: Peer Reviewer

Academic degree and professional title: MD, Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Australia

Manuscript submission date: 2025-04-25

Reviewer chosen by: Shang Wu

Reviewer accepted review: 2025-04-28 22:06

Reviewer performed review: 2025-05-15 01:19

Review time: 16 Days and 3 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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Is the content of the Introduction adequate? **Yes**

Is the content of the Materials and Methods complete?

No

Is the description of the experiments clear and complete? **Yes**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes**

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

Are the quality and resolution of the images up to standard? **No**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **No**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No**

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 D (Fair)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade C (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

Comments:

Dear authors, thank you for your efforts in writing this manuscript that describing management of migrated to the prepyloric region.

The reviewer comments:

This manuscript is describing an uncommon problem of intragastric balloon displacement or migration to the pre-pyloric region which carries the risk of gastric outlet obstruction or passage to the small bowel with more distal obstruction. This



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complication was more commonly seen with the more widespread use of this modality. The displaced Balloon should be described in details including the manufacturing company.

area?

Did you mix the injected fluid with methylene blue? If so, did the patient noticed bluish discoloration of the urine before aspiration and balloon removal.

Intragastric balloon migration may be diagnosed and followed up by Trans-abdominal Ultrasound.

for follow up after balloon application for early detection of complications as Balloon migration or even gastric ulcerations and the possible rare but serious complications.

This follow up protocol will help to avoid the unusual but serious adverse events.

Finally the included articles and included patients is a small number after exclusion of a large number of articles.

EMBT should be replaced by EBMT.

Figure 3B has poor resolution, should be improved.