



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 96223

Title: Lung cancer metastasis-induced distal esophageal segmental spasm confirmed by individualized peroral endoscopic myotomy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07482661

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2024-04-30

Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2024-07-19 15:35

Reviewer performed review: 2024-07-28 08:53

Review time: 8 Days and 17 Hours

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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" 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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This manuscript presents an interesting and novel case study exploring the use of peroral endoscopic myotomy (POEM) in an unconventional setting—specifically, for the treatment of distal esophageal segmental spasm induced by muscular metastasis arising from lung adenocarcinoma. While POEM has become a standard treatment for achalasia, its application in this unique clinical scenario is both intriguing and informative, warranting further discussion and consideration. The problem of dysphagia caused by esophageal stenosis can be solved through POEM, thus improving the nutritional status of patients and preparing for the systemic treatment of patients with lung cancer. In addition, in the process of establishing the esophageal submucosal tunnel, the author also performed muscle biopsy on the right posterior wall of the narrow muscle layer, and finally confirmed the diagnosis of esophageal muscle metastasis of lung adenocarcinoma through pathology and immunohistochemical staining results. We know that non-locally invasive metastatic esophageal cancer is relatively rare, and lung cancer with esophageal muscle metastasis is even rarer. Hence, the report of this case is indeed valuable and contributes to the limited literature on this topic. To enhance the



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quality of the manuscript, there are several aspects that require further consideration and amelioration. 1. Was esophageal high-resolution manometry (HRM) performed before the procedure of Per Oral Endoscopic Myotomy (POEM)? If the results of HRM are available, they would significantly contribute to a better understanding of the classification of esophageal spasms and provide a more objective assessment of the severity of the disease. 2. How does it differ surgically compared to traditional POEM, particularly when it comes to the establishment of submucosal tunnels and the process of myotomy? Are there any difficulties or complications that are unique to this process? Furthermore, are there any potential risks or issues that may arise during and after the performance of POEM? These are the key points of this case, and we hope the author can make a more detailed description and discussion on these aspects. 3. In the discussion section, the authors compared esophageal stenting and POEM, and analyzed the reasons why the former was not chosen in this case. Whether the selection of POEM increases the risk of further spread of the tumor through the tunnel and incision? It is suggested to further analyze the limitations and potential risks of this POEM application in the discussion section. 4. The indirect metastasis of lung cancer to the esophageal myometria is indeed a rare occurrence. The authors have reported the pathological and immunohistochemical results in the "Treatment" section. However, it would be interesting to know if further genetic testing of the tumor was performed to guide the choice of treatment and to better understand the uniqueness of this case compared to other instances of lung cancer. If done, please give a clear description even if it is negative. 5. Did the patient undergo gastroscopy follow-up after POEM? How was the local mucosal healing? It is important to know if the tumor, which was located in the muscular layer, invaded the mucosal layer or not. This information would provide valuable insights into the long-term outcomes and recurrence patterns in such cases. 6. Please recheck if the format of the references is correct and consistent throughout.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Title: Lung cancer metastasis-induced distal esophageal segmental spasm confirmed by individualized peroral endoscopic myotomy: A case report

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Reviewer's code: 07482661

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Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2024-04-30

Reviewer chosen by: Meng-Liu Luo

Reviewer accepted review: 2024-08-26 08:23

Reviewer performed review: 2024-08-26 08:28

Review time: 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input 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 checked="" type="checkbox"/> Grade A: Excellent <input 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 checked="" type="checkbox"/> Grade A: Excellent <input 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 checked="" type="checkbox"/>] Grade A: Excellent [<input type="checkbox"/>] Grade B: Good [<input type="checkbox"/>] Grade C: Fair [<input type="checkbox"/>] Grade D: No scientific significance
Language quality	[<input checked="" type="checkbox"/>] Grade A: Priority publishing [<input 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 checked="" type="checkbox"/>] Accept (High priority) [<input type="checkbox"/>] Accept (General priority) [<input type="checkbox"/>] Minor revision [<input type="checkbox"/>] Major revision [<input type="checkbox"/>] Rejection
Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript presents an interesting and novel case study exploring the use of peroral endoscopic myotomy (POEM) in an unconventional setting—specifically, for the treatment of distal esophageal segmental spasm induced by muscular metastasis arising from lung adenocarcinoma. While POEM has become a standard treatment for achalasia, its application in this unique clinical scenario is both intriguing and informative, warranting further discussion and consideration. The problem of dysphagia caused by esophageal stenosis can be solved through POEM, thus improving the nutritional status of patients and preparing for the systemic treatment of patients with lung cancer. In addition, in the process of establishing the esophageal submucosal tunnel, the author also performed muscle biopsy on the right posterior wall of the narrow muscle layer, and finally confirmed the diagnosis of esophageal muscle metastasis of lung adenocarcinoma through pathology and immunohistochemical staining results. We know that non-locally invasive metastatic esophageal cancer is relatively rare, and lung cancer with esophageal muscle metastasis is even rarer. Hence, the report of this case is indeed valuable and contributes to the limited literature on this topic. A lot of revisions has been made, so the study could be accepted. Title. The title reflect the main



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subject/hypothesis of the manuscript 2 Abstract. the abstract summarize and reflect the work described in the manuscript 3 Key Words. the key words reflect the focus of the manuscript 4 Background. the manuscript adequately describe the background, present status and significance of the study 5 Methods. the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail 6 Results. the research objectives achieved by the experiments used in this study 7 Discussion. the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically 9 Biostatistics. the manuscript meet the requirements of biostatistics 10 Units. the manuscript meet the requirements of use of SI units 11 References. the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections 12 Quality of manuscript organization and presentation. the manuscript is well, concisely and coherently organized and presented