

ANSWERING REVIEWERS

July 31, 2014

Dear Editor,



Title: The safety and efficacy of a partially covered self-expandable metal stent in benign pyloric obstruction

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The manuscript has been improved according to the suggestions of reviewers:

Reviewer 1

Authors The Authors of this case series report the results of their experience with the insertion of partially covered SEMS for benign pyloric stenosis. The study is interesting and informative, but I have the following comments and suggestions for the Authors:

1. The abstract should be shortened and thus become easier to read and get the main message of the manuscript.

-> I reviewed the abstract as you point out. However, all content in abstract was essential to explain the results of our study. So, I could not shorten the abstract any more.

2. The introduction should include a paragraph on the choice of the SEMS (partially covered vs uncovered or covered). Actually, this is the core of the topic discussed in this article.

-> Thank you for your opinion. As your comment, I inserted some sentences that why we used the partially covered SEMS in our study. So, I emphasized the aim of our study.

3. The table should be reorganized. For instance, the "type of stent" and the "site of obstruction" are redundant!

-> I removed some redundant rows in the Table 1., as you mentioned.

4. The discussion section should start by stating the main results/outcomes of the study.

-> Although, the discussion section should start by stating the main results of the study, we started the balloon dilatation treatment as the starting discussion section. Because, I thought this composition could achieve the better flow of the context. The first developed endoscopic treatment for pyloric obstruction was balloon dilatation. So, we mentioned the history and disadvantages of the balloon dilatation. Therefore, we could move on the need of SEMS.

5. Study limitations (small sample size, retrospective design,...) should be stated clearly by the authors at the end of the discussion section.

-> We revised the last paragraph, limitations of our study in the discussion section. So, we revised the limitations of our study clearly.

Reviewer 2

Language polishing. Better presentation of information in the table.

-> We removed some redundant contents in the table 1.

Reviewer 3.

Endoscopic dilation using balloon or surgery is the standard treatment for benign stenosis of gastric outlet. Totally covered or partially covered metal stents are the accepted treatment in other strictures of the digestive tract with some disadvantages, one related to the tendency of the SEMS to recover its straight form or related to the rupture of the dilated zone. The covered SEMS seems to be a valuable device in the pylorus and a possible problem is related to the lesions that could be produced in the first duodenal flexure as commented by the authors in the Discussion. For this reason the authors should include some more technical aspects on the placement and the type of the stents used or recommended in the Discussion.

-> To our knowledge, it is not well known of the advantage or disadvantage of covered or uncovered stent for the treatment of obstruction, excepting migration rate and easiness of removal after symptom improvement. So, we described these facts in the discussion section and demonstrated that partially covered metallic stent showed relative effectiveness in migration rate and easiness of removal in our trial.

Did the authors consider the replacement of SEMS several weeks or months after placement, avoiding the inclusion of the stent in the duodenal wall which impedes retrieval in some cases?

-> We already mentioned our strategy of removing SEMS in last paragraph of METHOD

section. We revised the sentence clearly as you point out: the SEMS was planned to be removed under endoscopy and fluoroscopic guidance after 3-6 months after insertion.

Did the authors consider that this treatment should be compared with surgery? What patients should be selected for endoscopic treatment to avoid surgery?

-> These 10 patients were recommend to undergo surgical treatment. However, they did want to undergo endoscopic treatment. I inserted this fact in the patients section. In our result, we could not compare the efficacy between SEMS and surgical treatment. Further studies are warranted to validate this issue.

The paper is interesting because there is little evidence in the medical literature on minimal invasive treatment for benign obstruction of gastric outlet. The Table should be rearranged for easier reading. Typographic errors are found in the paper that should be correct

-> Thank you. We revised our manuscript and table as you mentioned.

Reviewer 4.

In this case series, the authors present their experience of use partially covered SEMS in the treatment of benign pyloric obstruction. Since there are already similar reports in the literature, a comparative trial would have been more interesting. Nevertheless, the authors can make this paper more interesting if they can incorporate the following suggestions:

1. Mention the rationale for the use of SEMS in the introduction.

-> I prescribed the minimal invasive treatment, such as endoscopic treatment for benign pyloric obstruction in the introduction section. And I also the limitation of balloon dilatation treatment and the usefulness of SEMS in malignant obstruction. Next, we moved on using SEMS in benign pyloric obstruction.

2. What was the duration of symptoms of the patients?

-> I missed the overall rate of being symptom free in the result section. I inserted the result in the result section (clinical outcomes and complications).

3. Other than the patients in whom balloon dilatation failed, what was the indication of use SEMS in the other patients? Was it use as the primary treatment modality or as a bridge to surgery? Were all the patients fit for surgery?

-> As you mentioned, the SEMS can be applied to other territory, such as bridge to surgery or palliative treatment for the patients not fit for surgery. However, we could not validate this issue with our results. We analyzed our results of 10 patients who underwent the SEMS treatment and concluded SEMS could be effective in the naïve benign pyloric obstruction and rescue treatment after failure of previous balloon dilatation. Further studies are needed to validate the use of SEMS in other territories.

4. Authors need to report on technical difficulty, total procedural time and cost.

-> We reported the technical success, procedure time and cost in the results section(clinical outcomes and complications).

5. It would be nice to see comparative data with balloon dilatation, if possible.

-> Initially we were going to compare the efficacy of the balloon dilatation and SEMS. However, because we had so small number cases, we could not achieve validation with statistical significance.

6. Authors need to discuss how SEMS could be better than balloon dilatation

-> I put the revised sentences in the first paragraph in discussion section.

Sincerely yours,
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