



### ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11223

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

**Reviewer code:** 00069819

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-09 21:53

**Date reviewed:** 2014-05-13 07:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO 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. 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. 3. The table should be reorganized. For instance, the "type of stent" and the "site of obstruction" are redundant! 4. The discussion section should start by stating the main results/outcomes of the study. 5. Study limitations (small sample size, retrospective design,...) should be stated clearly by the authors at the end of the discussion section.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11223

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

**Reviewer code:** 00058352

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-09 21:53

**Date reviewed:** 2014-06-04 19:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Language polishing. Better presentation of information in the table.

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11223

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

**Reviewer code:** 00225277

**Science editor:** Ya-Juan Ma

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B: Very good	<input type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> [ ] Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

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



**ESPS PEER REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 11223

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

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**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-05-09 21:53

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

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. 2. What was the duration of symptoms of the patients? 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? 4. Authors need to report on technical difficulty, total procedural time and cost. 5. It would be nice to see comparative data with balloon dilatation, if possible. 6. Authors need to discuss how SEMS could be better than balloon dilatation