PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 88356

Title: New treatment for gastric duplication cyst: endoscopic ultrasonography-guided fine-needle aspiration combined with lauromacrogol sclerotherapy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05309675

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Academic Research, Doctor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2023-09-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-09 22:23

Reviewer performed review: 2023-10-13 03:46

Review time: 3 Days and 5 Hours

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<tr>
<th>Scientific quality</th>
<th>Grade A: Excellent</th>
<th>Grade B: Very good</th>
<th>Grade C: Good</th>
<th>Grade D: Fair</th>
<th>Grade E: Do not publish</th>
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<tr>
<td>Novelty of this manuscript</td>
<td>Grade A: Excellent</td>
<td>Grade B: Good</td>
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<td>Grade D: No novelty</td>
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<td>Creativity or innovation of this manuscript</td>
<td>Grade A: Excellent</td>
<td>Grade B: Good</td>
<td>Grade C: Fair</td>
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Overall it is a novel case and might be used as reference for future treatment of symptomatic gastric duplication cyst. Chief Complaints & Patient Data: -Consider breaking down the information into bulleted lists for quick reference and readability. -Clarify the duration and progression of symptoms more explicitly. History of Present Illness: -Potentially expand on the description of pain, for example, its nature (sharp, cramping, etc.), location, and any relieving or exacerbating factors. Physical Examination: -Include more specific details about the abdominal exam, such as the location of pain/distention and any observed masses, sounds, or mobility issues. Laboratory & Imaging Examinations: -Add more detailed findings of the CT scan and other imaging studies, highlighting their implications in diagnosis and management. Final Diagnosis: -Perhaps a brief explanation of why this diagnosis was concluded upon, explaining the differential diagnoses that were considered and ruled out. Treatment: -Elaborate on the decision-making process of choosing between laparoscopic distal subtotal gastrectomy and EUS-guided sclerotherapy. -Provide more detail about the sclerotherapy procedure, such as the patient’s preparation, anesthesia
used, and any immediate post-procedure observations. Outcome and Follow-up:
- Describe the post-operative management and any counseling provided regarding lifestyle or dietary modifications.
- Mention how the patient's quality of life was impacted post-procedure.
- Be explicit about the monitoring plan and any long-term considerations given the diagnosis and treatment.
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Manuscript NO: 88356
Title: New treatment for gastric duplication cyst: endoscopic ultrasonography-guided fine-needle aspiration combined with lauromacrogol sclerotherapy: A case report
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 00503282
Position: Editorial Board
Academic degree: FCPS
Professional title: Professor
Reviewer’s Country/Territory: Pakistan
Author’s Country/Territory: China
Manuscript submission date: 2023-09-22
Reviewer chosen by: Yu-Lu Chen
Reviewer accepted review: 2023-10-12 03:40
Reviewer performed review: 2023-10-16 05:00
Review time: 4 Days and 1 Hour

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**SPECIFIC COMMENTS TO AUTHORS**

In this case report, the authors report a case of gastric duplication cyst in a 29-year-old male presenting with gastric outlet obstruction and weight loss. On investigations, he was diagnosed to have gastric duplication cyst in the antrum causing partial pyloric obstruction. The cyst was treated with EUS-FNA guided aspiration and lauromacrogol sclerotherapy. The authors claim this to be the first example of such treatment. It has obvious advantages over traditional methods. The case report is interesting and worth publishing. However, there are a few minor corrections that need to be corrected. These are: 1. In the title, instead of gastrointestinal, write gastric. 2. Avoid abbreviations in the Title, eg. EUS-FNA. 3. The use of abbreviations should follow standard pattern. EUS-FNA is for example fully spelled out in Abstract and abbreviation is given in the Case summary. It should be given at first use and then only abbreviation should be used. 4. Introduction is the same as Background. Modify it slightly. Otherwise, it is duplication. 5. The sequence of imaging investigations and figure numbers is somewhat confusing. These should be in logical order, eg. Figure 1 A to be followed by 1B, 1C, then Figure 2A, etc. and not as Figure 1 followed by Figure 3. 6. The cyst wall was
smooth, and there was no obvious blood flow signal in the tumour. Here tumour should be replaced by cyst wall. 7. After multidisciplinary treatment (MDT), should be written as After multidisciplinary treatment (MDT) meeting. 8. In conclusion, idea should be replaced with option. 9. Cases of canceration in beginning of last paragraph in discussion, should be changed to cases of malignant transformation.