Review Form 3

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_125944
Title of the Manuscript:	"A Case report on Key to Gastric Outlet Obstruction"
Type of the Article	Case report

General guidelines for the Peer Review process:

This journal's peer review policy states that <u>NO</u> manuscript should be rejected only on the basis of '<u>lack of Novelty'</u>, provided the manuscript is scientifically robust and technically sound. To know the complete guidelines for the Peer Review process, reviewers are requested to visit this link:

https://r1.reviewerhub.org/general-editorial-policy/

Important Policies Regarding Peer Review

Peer review Comments Approval Policy: https://r1.reviewerhub.org/peer-review-comments-approval-policy/ Benefits for Reviewers: https://r1.reviewerhub.org/benefits-for-reviewers

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PART 1: Review Comments

Compulsory REVISION comments	Reviewer's comment	Author's Feedback
		(Please correct the
		manuscript and highlight
		that part in the manuscript.
		It is mandatory that
		authors should write
		his/her feedback here)
Please write a few sentences regarding the	It is an article with purely anecdotal scientific evidence, leaving ample room for doubt due to several inconsistencies. First, critical clinical data,	
importance of this manuscript for the scientific	such as the patient's family and personal history, toxic habits, vital signs, and abdominal physical exam findings, are missing, even though	
community. Why do you like (or dislike) this	they should have been included. The abstract states that the patient was 21 years old, but the case presentation later claims he was 25,	
manuscript? A minimum of 3-4 sentences may be	indicating a significant inconsistency. Additionally, the description of "a large abdominal distention demonstrated by Contrast-enhanced CT	
required for this part.	scanning of the abdomen and pelvis" (without providing images in the publication) contrasts sharply with a supposedly "unremarkable"	
	physical exam. How could the stomach distend so much in two days without causing abdominal distention unless a chronic underlying	
	condition existed?	
	Furthermore, the small size of the key shown in the image raises doubts about the actual cause of the pyloric obstruction. It is doubtful that	
	such a small foreign object could cause an acute inflammatory process leading to obstruction and stomach distention within two days. More	
	probable chronic causes, such as peptic ulcer disease, gastric cancer, and intestinal tuberculosis, should have been ruled out with a biopsy.	
	Also, the stomach did not seem distended in the gastrojejunostomy images provided	
	In terms of therapeutic management, it is noteworthy that the patient was under clinical and radiological observation for more than two days	
	before undergoing endoscopy. Given that the endoscopy reported a "partial pyloric obstruction by a retained foreign body," one might wonder	
	why a gastrostomy was not performed after the surgical removal of the foreign body, followed by medical treatment for acute gastritis, rather	
	than opting for a gastrointestinal bypass with truncal vagotomy as a first-line treatment.	
Is the title of the article suitable?	The title is neither grammatically nor scientifically appropriate. An alternative could be "Gastric Obstruction Associated with Foreign Body	
(If not please suggest an alternative title)	Ingestion in an Adult: A Case Report."	
Is the abstract of the article comprehensive? Do you	The abstract's conclusions mention "Asymptomatic presentation of gastric outlet obstruction," despite the patient's multiple episodes of	
suggest the addition (or deletion) of some points in	vomiting undigested food. The abstract's presentation of the case is larger than the one in the article.	
this section? Please write your suggestions here.	Vac hat the headers about the in a conformat	
Are subsections and structure of the manuscript	Yes, but the headers should be in a uniform format.	
appropriate? Please write a few sentences regarding the scientific	The authors are advised to provide a more detailed chronological sequence of the diagnostic and therapeutic actions taken from the patient's	
correctness of this manuscript. Why do you think that	admission. This will give a clear understanding of the case progression. Additionally, it is recommended to include images from the enhanced	
this manuscript is scientifically robust and technically	CT scan of the abdomen and pelvis, and to explain why a biopsy of the pylorus was not considered and why a more conservative approach to	
sound? A minimum of 3-4 sentences may be required	surgical treatment was not chosen (considering the case is presented as acute pyloric obstruction due to a foreign body).	
for this part.	Since the case discussion concerns an uncommon condition, it should include more information and updated references.	
ioi tilis part.	Finally, the authors should improve the article's writing, grammar, and formatting (using a single font type).	
Are the references sufficient and recent? If you have	The references should be numbered in the text from the first to the last (not randomly) and consistently formatted (either alongside the citation	
suggestions of additional references, please mention	or at the end of the paragraph).	
them in the review form.	Recommended further references:	
-	Favela JG, Argo MB, McAllister J, Waldrop CL, Huerta S. Gastric Outlet Obstruction from Stomach-Containing Groin Hernias: Case	
-	Report and a Systematic Review. Journal of Clinical Medicine. 2023 Dec 27;13(1):155.	
	Tringali A, Giannetti A, Adler DG. Endoscopic management of gastric outlet obstruction disease. Annals of gastroenterology. 2019	
	Jul;32(4):330.	
	Jeong SJ, Lee J. Management of gastric outlet obstruction: Focusing on endoscopic approach. World journal of gastrointestinal	
	pharmacology and therapeutics. 2020 Jun 6;11(2):8.	
	 Ziogas D, Vasilakis T, Kapizioni C, Koukoulioti E, Tziatzios G, Gkolfakis P, Facciorusso A, Papanikolaou IS. Revealing Insights: A 	
	Comprehensive Overview of Gastric Outlet Obstruction Management, with Special Emphasis on EUS-Guided Gastroenterostomy.	
	Medical Sciences. 2024 Feb 1;12(1):9.	
	 Lončar Z, Vasin D, Ristić M, Popović D, Tiosavljević D, Dugalić S, Doklestić K. Multidisciplinary treatment of massive trichobezoar 	
	caused an acute gastric outlet obstruction. Srpski arhiv za celokupno lekarstvo. 2023;151(1-2):89-93.	
	 Samad A, Khanzada TW, Shoukat I. Gastric outlet obstruction: change in etiology. Pak J Surg. 2007 Jan;23(1):29-32. 	
	Carriad A, Milanzada IVV, Oriodkat I. Odstrio odtiet obstruction. Charige in etiology. Fak J odiy. 2007 Jan,25(1).29-32.	

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Minor REVISION comments		
Is the language/English quality of the article suitable for scholarly communications?	As mentioned, the authors should improve the article's writing, grammar, and formatting (using a single font type).	
Optional/General comments		

PART 2:

		Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	ieedback fiele)

Reviewer Details:

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