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| Book Name: | [**An Overview of Disease and Health Research**](https://bookstore.bookpi.org/product/an-overview-of-disease-and-health-research-vol-1/) |
| Manuscript Number: | **Ms\_BPR\_5540** |
| Title of the Manuscript:  | **Therapeutic Management of Gastroesophageal Reflux Disease (GERD)—Is There Something Between PPI and Fundoplication? An Overview** |
| Type of the Article | **Book Chapter** |

**Special note:**

**A research paper already published in a journal can be published as a Book Chapter in an expanded form with proper copyright approval.**

**Source Article:**

**This chapter is an extended version of the article published by the same author(s) in the following journal.**

**Journal of Clinical Medicine, 14(2), 362, 2025.**

**Available:** [**https://doi.org/10.3390/jcm14020362**](https://doi.org/10.3390/jcm14020362)

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| PART 1: Comments |
|  | Reviewer’s comment**Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | 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 importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | **GERD is one of the main nuacences in everyday gastroenterology practice. Moreover mortality from cardiovascular causes is almost double in this patient group and it is patially related to lifestyle but also GERD related factorsPharmacological treatment is sufficient is the vast majority with the exception of patients with irritable esophagus and grade C and D esophagitis Operative treatment is not well accepted by patients. Thus minimal invasive treatment alternatives are urgently needed especially in patients with poor performance status as they are the elderly were the disease is usually more severe.** |  |
| **Is the title of the article suitable?****(If not please suggest an alternative title)** | **The title might stressed that the study pertains endoscopic and laparoscopic minimally invasive techniques** |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | **The first part of the abstract is sufficient. The second part should provide apart from reporting the available techniques some hints about the mechanism on which each one is based, For instance although Stretta is supposed to affect the gastroesophageal sphincter it really alters the sensitivity of the gastroesopageal junction by ablating the mucosa and causing a level of fibrosis. In the same path is moving mucosal ablation or removal On the other hand TIF and EFTP are mimicking funduplication. In the same way is moving LINX Apart from a breaf description of the two main mechanisms of action a brief overview of the available results in a few sentences might be provided.** |  |
| **Is the manuscript scientifically, correct? Please write here.**  | **The only side effect of PPI treatment that is well validated is the increase of infections. Thus it should be stressed that all the others are possible. Another point that should be mentioned is that all people experience reflux episodes. Nevertheless they are rare and esophageal clearance is effective. It is the frequency and severity of GER that defines GERD ! The two main categories of minimal invasive techiques action might be described in the introduction. A brief precis of each study is not the most effective way to present each technique. Afteral, population and severity of GERD in each study reported is different and should be mentioned apart from the outcomes, For instance reducing but not stopping PPIs amight be important for investigators but has little impact on patients life. The target group for each technique might be as important as its efficacy Parameters of quality of life evaluation and there change between study groups should be reported in more details. Because even surgical techniques tend to fade away in the long run, Durability of minimal invasive techniques in the long run is more important than there mean efficacy in a long period of time. Adverse effects should be described for all available techniques if possible. Utility of those techniques for Barrett patients is of special interest since funduplication might hind Barrett epithelium and make hard follow-up. Effective treatment usually combines Barrett ablation Funduplication and gastroenterotomy Special groups such as patients with motility disorders might be of special interest and techniques adequate for those patients should be mentioned separately. Laparoscopic implantations are generally not useful and tend to be abandond.** |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.****-** | **References should be reported in every appearance in text** **Hoerter NA, et al Transoral Incisionless Fundoplication In Patients With Barrett’s Esophagus Techniques and Innovations in Gastointestinal Endoscopy 2023;25:52-55****Sui X, et al Chinese expert consensus on radiofrequency therapy of gastroesophageal reflux disease 2024 Gastroenterology and Endoscopy 2024;2:141-8****Loganathan P, et al Endoscopic Advances in the Diagnosis and Management of Gastroesophageal Reflux Disease Medicine 2024;60:1120** |  |
| Is the language/English quality of the article suitable for scholarly communications? | Minor language polishing is needed |  |
| Optional/General comments |  |  |

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| **PART 2:**  |
|  | Reviewer’s comment | Author’s comment *(if agreed with the 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?**  |  |  |

**Reviewer details:**

**Panagiotis Tsibouris, Greece**