

REVIEWER'S REPORT

Manuscript No.: IJAR-52205

Date: 13-06-2025

Title: Benign esophageal strictures: etiologies and outcomes of endoscopic dilation

Recommendation:

Accept as it is.....**YES**.....
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity		√		
Significance		√		

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

The manuscript titled "*Benign Esophageal Strictures: Etiologies and Outcomes of Endoscopic Dilation*" provides a clinically relevant overview of non-malignant esophageal strictures and their management through endoscopic techniques. The introduction is clear in its scope and delineates the exclusion of strictures related to motility disorders such as achalasia, focusing instead on structural and inflammatory causes.

The text effectively introduces the classification of benign esophageal strictures based on their morphology—simple versus complex—and outlines the most common etiologies, including peptic, caustic, post-radiation, post-surgical (anastomotic), eosinophilic esophagitis, congenital rings (e.g., Schatzki's ring), and extrinsic compression. The mention of eosinophilic esophagitis with associated atopic features adds a contemporary clinical dimension and reflects current understanding in gastroenterology literature.

The therapeutic focus on endoscopic dilation is well-contextualized. The manuscript appropriately outlines the three principal modalities used: Savary-Gilliard bougies, hydrostatic (TTS) balloons, and pneumatic balloons. The reference to the number of sessions typically required (one to three) and the definition of refractory strictures (symptomatic recurrence after five sessions) helps ground the study in practical clinical benchmarks.

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The rationale for the study is clear: to explore the epidemiological characteristics of benign esophageal strictures and to evaluate the indications and outcomes of endoscopic dilation procedures within a specific clinical setting—Cheikh Zayed Hospital. The scope and objectives are well-stated, setting the foundation for subsequent sections on methodology, results, and analysis.

Overall, the introduction is well-structured, medically sound, and appropriately references existing literature. It provides a thorough background to support the clinical and research relevance of the study.