

Peer Review File

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Reviewer A

Learning point:

- Free gas under diaphragm was missed in 1st presentation that might contribute prolonged and recurrent intra-abdominal abscess, could be easily avoided
- Considering Gastritis/oesophagitis during removal of IGB, 2nd IGB should be delayed (even resolving macroscopically at Day 9)

It would be interesting to know the type of IGB and procedure applied that might contribute to gastric perforation

If no access to 1st IGB insertion operation note from private hospital, still can be accepted

Comment 1: Free gas under the diaphragm was missed

Reply 1: We have added some extra comments about this in the discussion section.

Changes in the text: page 8 line 15-22

Comment 2: Delay 2nd IGB due to gastritis and esophagitis.

Reply 2: We have added a paragraph in the discussion section about this.

Changes in the text: page 7 line 9-13

Comment 3: Type of IGB and insertion procedure

Reply 3: We have managed to get information about the type of balloon but not the insertion procedure

Changes in the text: page 3 line 25 + page 6 line 20-23

Reviewer B

Thank you for the submission of this interesting case report. For the discussion chapter one comment: Surgeons who use a IGB as a pretreatment before obesity surgery use to remove the IGB minimum two weeks before surgery because they assess the gastric wall as compromised after IGB removal. This supports your recommendation and should be mentioned.

The x-ray in side-view is not standard for exclusion of free air as this example shows.

X-ray in left-side-position would have been better.

Comment 1: IGB removal 2 weeks prior to surgery, when used as a pretreatment

Reply 1: We have added some comments about this in the discussion

Changes in the text: page 7 line 14-24

Comment 2: X-ray in side view

Reply 2: We have this X-ray picture or one in front view. The free air is most visible in the side picture, therefore this one is chosen. We have added a comment that a CT-scan should have been performed.

Changes in the text: page 8 line 21-22

Reviewer C

This is an important report to show that IGB is not simple as it appears and close follow-up and endoscopist experience with this approach are required.

It is very important to include in the discussion that the 2nd IGB is associated with more severe symptoms than the first one, especially when not placed at the same day. You also should state that some errors in the patient management were responsible for her dramatic evaluation.

1st: 9 days is not enough to treat gastritis and esophagitis

2nd: fail in diagnosis a pneumoperitoneum in the X-ray --> a CT scan should be performed

3rd: she just came back to the hospital after 31 hours after the first visit to the emergency department --> close follow-up was not performed.

I want to congratulate you to show your bad experience to prevent more adverse events in patients undergoing IGB treatment.

Please have a look on a publication showing why close follow-up is important. Sometimes, when a fast diagnosis is made, patient's with perforation maybe treated with endoscopic approaches (Barrichello Junior SA, Ribeiro IB, Fittipaldi-Fernandez RJ, Hoff AC, de Moura DTH, Minata MK, de Souza TF, Galvão Neto MDP, de Moura EGH. Exclusively endoscopic approach to treating gastric perforation caused by an intragastric balloon: case series and literature review. *Endosc Int Open*. 2018 Nov;6(11):E1322-E1329. doi: 10.1055/a-0743-5520. Epub 2018 Nov 7. PMID: 30410952; PMCID: PMC6221813.).

Comment 1: 2nd IGB associated with more severe symptoms than the first

Reply 1: We have added more comments about second IGB treatments and complications

Changes in the text: page 7 line 4-5 + 19-24, page 8 line 1-4

Comment 2: 9 days is not enough to treat gastritis and esophagitis
Reply 2: Added this to the text and included a discussion
Changes in the text: page 7 line 9-18

Comment 3: Fail to diagnose pneumoeritoneum on X-ray
Reply 3: We have added some extra comments about this in the discussion section.
Changes in the text: page 8 line 15-22

Comment 4: she just came back to the hospital after 31 hours after the first visit to the emergency department --> close follow-up was not performed.
Reply 4: She was admitted and stayed at the hospital for observation after she first came to the emergency department. I have tried to change the text, so this is clearer.
Changes in the text: page 4 line 23-24

Reviewer D

It was interesting to know which type of balloon did the patient have, (this information always the patient have), and what was the volume of fluid-filled it.

It is important to know if the patient were using NSAID drugs during these 12 months

The authors should stress and discuss in a more detailed way what was the percentage and type of complications described when a second balloon was reinserted, with special attention to the appropriate free interval without a balloon to allow a perfect recovering of the gastric wall

There were great medical mistakes in the management of this patient, that we should know to avoid and not repeat. It is clear the endoscopy exploration after the extraction balloon was incomplete. it was described as gastritis and esophagitis, but it's clear there were mucosal lesions in the fundus gastric not well seen or not seen at all.

The time for recuperation of the gastric wall was extremely short, and this is something we have to pay attention to, and the authors should thoroughly discuss it.

finally, the most adequate radiologic study of a patient with severe pain after the placement of a balloon (perhaps a possible acute abdomen) was badly indicated. It should be a CT scan

Comment 1: type of balloon and volume

Reply 1: we have managed to find information about the type of balloon, but not the amount of fluid filled in it.

Changes in the text: page 3 line 25 + page 6 line 20-23

Comment 2: Use of NSAID drugs

Reply 2: We have added this information in the text

Changes in the text: page 4 line 3-4

Comment 3: Second IGB, complications and time between treatments

Reply 3: We have added a discussion section about this
Changes in the text: page 7 line 14-24 + page 8 line 1-4

Comment 4: Missed mucosal lesions

Reply 4: Added a comment
Changes in the text: page 7 line 11-13

Comment 5: Time for recuperation of gastric mucosa

Reply 5: Added to the text and included a discussion
Changes in the text: page 7 line 9-18

Comment 6: CT scan instead of X-ray

Reply 6: Added a comment about this in the discussion
Changes in the text: page 8 line 21-22
