I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

Please consider changing the title to, An unusual cause of gastric out obstruction during PEG feeding. Duodenal obstruction is a relative term here. Most of the distension from your description seems to be affecting the stomach.

Page 3 para 3: Previous gastric surgery and psychiatric illness are the commonest predisposing factors [5], in addition to coeliac disease and metabolic disorders such as uremia. needs re statement. It is confusing and probably shall be stated as, common predisposing factors are

Page 3 para 3: although these cases have been reported in the literature seems redundant. Please omit.

Page 3 para 7: Laparotomy confirmed the endoscopic and radiological findings of hugely dilated stomach and duodenum in addition to the adhesions. Hugely dilated stomach is not scientific and may be changed with massive gastric distension.
Page 4 para 1: Because of that, it was difficult to determine whether a congenital narrowing of the duodenum was a contributory factor or not seems redundant. Pls omit.

Page 4 para 1: The duodenal stenosis and the dietary habit both redisposed to the formation of the lactobezoars which further contributed to and exacerbated the obstruction. Seems redundant with concluding remarks. Conclusion suffices the description. May omit this.

What next?: Accept after minor revisions

Quality of written English: Needs some language corrections before being published