

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 39079

**Title:** Predictive factors for anastomotic leakage after laparoscopic colorectal surgery.

**Reviewer's code:** 03475718

**Reviewer's country:** Singapore

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-04-06

**Date reviewed:** 2018-04-09

**Review time:** 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dear authors, Thank you for a thorough review of a topic of interest to every colorectal surgeon. The review is well written and does not need any revision.

### INITIAL REVIEW OF THE MANUSCRIPT



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*Google Search:*

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☐ Duplicate publication

☐ Plagiarism

☐ No

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☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 39079

**Title:** Predictive factors for anastomotic leakage after laparoscopic colorectal surgery.

**Reviewer's code:** 03665440

**Reviewer's country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-04-06

**Date reviewed:** 2018-04-10

**Review time:** 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is an interesting systematic review aiming to assess risk factors for anastomotic leakage in laparoscopic colorectal resection. There has been a great deal of interest on this topic and much effort has been devoted to evaluating the predictive factors of the devastating complication. This review article seems useful to update our knowledge of

the published evidence concerning this topic. Nonetheless, I would prefer to be informed about potentially important issues as follows, which may be difficult to be addressed by the papers selected systematically in this review. #1 Is intraoperative assessment of perfusion at the site of anastomosis, such as indocyanine green fluorescence angiography, associated with a reduced risk of anastomotic leakage? #2 Recently, there has been several studies for intracorporeal anastomosis in laparoscopic surgery of the right colon. Is there any difference in the incidence of leakage between intracorporeal and extracorporeal anastomosis? #3 Some harmful species or strains of the gut microbiota may be implicated in the pathogenesis of leakage. Is there any clinical evidence to support the hypothesis?

#### INITIAL REVIEW OF THE MANUSCRIPT

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- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 39079

**Title:** Predictive factors for anastomotic leakage after laparoscopic colorectal surgery.

**Reviewer's code:** 00071777

**Reviewer's country:** Spain

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2018-04-06

**Date reviewed:** 2018-04-12

**Review time:** 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. Overall, it is a review of factors for anastomotic leakage (AL) after laparoscopic colorectal surgery. Much effort has been made to prevent and reduce the leakage rate in colorectal surgery. Several risk factors for AL have been reported, yet the cause and ideal methods for prevention of AL remain



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controversial and unclear. I have some suggestions: In left sided anastomosis, it should be of interest to distinguish outcomes between colon and rectal surgery. Regarding factors influencing AL, some significant issues are lacking: the use of abdominal or pelvic drainage; the role of defunctioning stoma in rectal surgery; the impact of immunofluorescence in colorectal surgery; manual vs stapled anastomosis, and intracorporeal anastomosis in right sided resections; influence of oral antibiotic in bowel preparation; gut microbiota or even intraoperative leak management. It should also be of interest in the review (avoiding multiple linear stapler firings in rectal surgery) recent data about AL in transanal rectal surgery (TaTME Registry). You must include some comments about the limitations of the review (ie, the absence of randomized controlled trials should introduce some bias). Some grammatical and syntax errors should be corrected.

## **INITIAL REVIEW OF THE MANUSCRIPT**

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