



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 39424

Title: Inverted Meckel’s diverticulum: two case report

Reviewer’s code: 01370434

Reviewer’s country: Japan

Science editor: Li-Jun Cui

Date sent for review: 2018-04-27

Date reviewed: 2018-05-01

Review time: 4 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 type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" 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 type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

出血シンチの施行は？ 縫合方法が異なる理由 ダブルバルーン内視鏡？ Fig 2A は何を見ているか US の意義 The authors reported 2 case of inverted Meckel’s diverticulum and they concluded exact characteristic findings of CT scan are useful for the decision making of surgical approach. This study is interesting. However, there are some points



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to be clearly or change before publication Comments; 1. The author reported 2 case of Meckel's diverticulum with mucosal bleeding. They were diagnosed intussusception by CT scan. Why the author didn't use gastrointestinal bleeding scintigraphy? 2. Recently, some papers reported the diagnostic advantage of CT angiography for GI bleeding included Meckel's diverticulum. The author should mention about this point in discussion. 3. The author used CT scan to diagnose the intussusception. Some paper reported the useful of abdominal ultra sonography to diagnose the intussusception. Abdominal US is easy and non invasive examination. And characteristic target sign is easily detected when intussusception is existed. Why the author didn't use abdominal US? If they used abdominal US, the author should be mentioned about it. 4. Although, the author used capsule endoscopy in case 2, the findings of this examination didn't lead exact diagnose and the video quality of it was too low. Why the author used capsule endoscopy in case 2 ? Minor comment; 1. The author performed side-to-side stapled anastomosis in case 1. However, the author performed end-to-end anastomosis in case 2. Why is the anastomotic procedure different between two cases?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
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[] Plagiarism

[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 39424

Title: Inverted Meckel’s diverticulum: two case report

Reviewer’s code: 02700028

Reviewer’s country: Mexico

Science editor: Li-Jun Cui

Date sent for review: 2018-04-27

Date reviewed: 2018-05-05

Review time: 8 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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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 checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors present two interesting case reports about a rare presentation of an uncommon congenital anomaly. The overall structure of the manuscript is complete. The title is concise and well-written, and three key words have been included. The cases are well described, with good quality images of the diagnostic and therapeutic procedures.



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Good quality histologic images have been included. Diagnosis and treatment are discussed. Observations: The abstract should include information such as definition, epidemiology and clinical presentation. This information can be obtained from the introduction section. In case 1 (line 10), the authors mention that “a polyp-like mass was exposed (Figure 1B)”. This seems to be a finding once the segmental small bowel resection was completed and the intraluminal aspect was inspected. The extraluminal surgical finding upon laparoscopy should be described first and after the resection and anastomosis description, the intraluminal finding could be described instead. In case 2 (line 13), the authors describe that “a large polip-like mass with mucosal ulceration at the tip was inverted into the small bowel”. At the moment, since a diverticulum was not confirmed yet, it is not appropriate to describe the finding as “inverted”. In Figure legend: Figure 1 B, the code in the superior right corner should not be shown, in order to avoid any possible case identification. Figure 3 B, stain and magnification for histopathology figure should be described. In Figure 3 B, the code in the superior right corner should not be shown, in order to avoid any possible case identification. Figures 2 and 3 could be included in the single figure panel with the corresponding legends. The authors declare that all participants provided informed written consent. A conflict of interest statement has been included. No misconduct has been observed.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 39424

Title: Inverted Meckel’s diverticulum: two case report

Reviewer’s code: 01213231

Reviewer’s country: Italy

Science editor: Li-Jun Cui

Date sent for review: 2018-04-27

Date reviewed: 2018-05-09

Review time: 11 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 polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I read the manuscript presented with interest, the cases are well presented and well documented, however is it possible to find in the current literature more than 60 similar articles describing the same cases, I think that the discussion is too short and that the manuscript could have an interesting value adding the complete review of cases



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previously published, otherwise it add nothing to the current literature. Regards.

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