

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40633

Title: Differentiating Crohn's disease from intestinal tuberculosis

Reviewer's code: 00004011

Reviewer's country: Greece

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-03

Date reviewed: 2018-08-07

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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

It is an interesting manuscript, however the authors did not include data regarding mycobacteria identification in Crohn's disease cases as well as intestinal pseudotuberculosis cases. References from European and other populations are missing. So the author should include and discuss the following papers: J Clin Microbiol. 2005



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Oct;43(10):5275-7, World J Gastroenterol. 2006 Nov 28;12(44):7161-4, Int J Infect Dis. 2008
Nov;12(6):607-10,

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40633

Title: Differentiating Crohn's disease from intestinal tuberculosis

Reviewer's code: 02543088

Reviewer's country: Israel

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-21

Date reviewed: 2018-08-26

Review time: 5 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 type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a comprehensive review regarding clues to differential diagnosis between Intestinal tuberculosis and Crohn's disease. though very thorough and covers all aspects from symptoms through endoscopy, lab; radiology, histology etc., unfortunately the summary is disappointing with very few rather rare parameters that are exclusive for either disease.



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minor remark -the tables can be turned ito be somewhat more attractive , or into figures.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40633

Title: Differentiating Crohn's disease from intestinal tuberculosis

Reviewer's code: 03260503

Reviewer's country: Romania

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-21

Date reviewed: 2018-08-29

Review time: 8 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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input 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 article addresses an issue of broad interest, with regard to the assessment of patients with inflammatory intestinal affection: differential diagnosis of Chron's disease vs intestinal tuberculosis. The issue has been a hot topic for several years, yet still leaving room to controversies and missing pieces of the puzzle. In the introduction it is very

clearly explained the context that defines the importance of research in this area: the poor sensitivity of tests for diagnosis of ITB and the rise of IBD in TB endemic areas over recent years render the differential diagnosis more difficult. Moreover, the consequences of a possible misdiagnosis can be disastrous, especially in patients with underlying ITB treated with immunosuppressant therapy for suspected IBD. The article is well structured in chapters that cover all the main points of the diagnostic management (clinical examination, biology, radiology, endoscopy and pathology). Each chapter contains a comprehensive enumeration of significant features that might lean towards one direction or another, following a pattern that necessarily includes the sensibility of the examination, its strengths and weaknesses, everything supported by data thoroughly collected from literature. This type of pattern emphasizes the points of most interest and makes the lecture more fluent and easier to read. In order to provide a clear and concise overview, every examination and significant feature is listed in tables with according prevalence in patients with Chron's vs ITB as they appear in several studies. The bibliography is quite impressive; the number of citations reaches 75 for a content of no more than 15 pages. Obviously, the authors made a full literature review before writing the paper, carefully documenting all the details. The citations are up to date, some of them being published in the current year. Considering language accuracy, some adjustments should be done before publishing. Here are some examples that need to be revised: for example page 4 clinical features: Instead "The clinical features of both disorders include pain abdomen" "The clinical features of both disorders include abdominal pain" Instead of "Both the disorders" "Both disorders" This paragraph: In a recent meta-analysis of 10 studies including 692 patients (316 ITB, 376 CD) caseating necrosis, confluent granulomas, and ulcers lined by epithelioid histiocytes were the most accurate features in differentiating ITB from CD, with a pooled specificity, sensitivity and area under curve (AUC) of 21%, 100%, 0.99; 38%, 99%, 0.94; and 41%, 95% and 0.90

respectively[35]. Should be changed to: In a recent meta-analysis of 10 studies including 692 patients (316 ITB, 376 CD) caseating necrosis, confluent granulomas, and ulcers lined by epithelioid histiocytes were the most accurate features in differentiating ITB from CD, with a pooled sensitivity , specificity, and area under curve (AUC) of 21%, 100%, 0.99; 38%, 99%, 0.94; and 41%, 95% and 0.90 respectively[35]. . There are some words with no space in between that are easy to find and correct. In conclusion, the article approaches a significant topic of broad interest, providing a brief, yet well documented overview of all the available methods that can be useful in solving the eternal challenge of diagnosing ITB. The experience of the clinic that is located in an area endemic for TB proved to be useful in selecting relevant and practical information. I therefore recommend that the article should be published after revising very few language errors.

INITIAL REVIEW OF THE MANUSCRIPT

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- ☐ No

BPG Search:

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- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40633

Title: Differentiating Crohn's disease from intestinal tuberculosis

Reviewer's code: 02529197

Reviewer's country: Poland

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-21

Date reviewed: 2018-08-31

Review time: 10 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 checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors of "Differentiating Crohn's disease from intestinal tuberculosis" present the problem of differential diagnosis between Crohn's disease and intestinal tuberculosis. This topic is very important due to the increase in the incidence of tuberculosis, and consequently the increase in the frequency of diagnosing intestinal tuberculosis.

Diagnosis of this disease is difficult due to the similarity of clinical symptoms occurring in Crohn's disease and intestinal tuberculosis. The authors of the article present very precisely, in detail the diagnosis of these two diseases, pointing to similarities and differences. In separate sections on individual diagnostic methods: clinical, endoscopic, pathologic, microbiological, radiologic, and serologic parameters, they discuss similar and different features for these diseases. Differential diagnosis is difficult and there is no golden diagnostic standard. The authors point out that in a patient who is unable to explicitly exclude the background of tuberculous enteritis, the optimal solution is the introduction of anti-tubercular therapy. However, anti-cancer therapy is associated with hepatotoxic risk and is the main cause of delay in CD diagnosis and is associated with an increased risk of long-term Crohn's disease complications. Therefore, one should still look for research and create diagrams of differential diagnosis of Crohn's disease and intestinal tuberculosis. In my opinion, the work is very well prepared, discusses a very important clinical problem.

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