



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 44703

**Title:** Preoperative rectosigmoid endoscopic ultrasonography predicts the need for bowel resection in endometriosis

**Reviewer’s code:** 02734597

**Reviewer’s country:** China

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2018-12-11

**Date reviewed:** 2018-12-13

**Review time:** 19 Hours, 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 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 Grade E: Do not publish	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 checked="" type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" 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**

The manuscript has been done a RS-EUS multicentric retrospective study, and concluded that 5.20 mm thick is a boundary for rectosigmoid endometriosis to predict the need for bowel resection or shaving. The research has the practical significance for



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clinical surgeons and patients since the bowel resection has a lot of side affections and combinations. However, as the authors said, the study has some limitations. The biggest is it is a retrospective study. If there were some new cases the conclusion must be persuasive. Therefore, the conclusion need be used more uncertain sentences.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
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##### ***BPG Search:***

- The same title
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- No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 44703

**Title:** Preoperative rectosigmoid endoscopic ultrasonography predicts the need for bowel resection in endometriosis

**Reviewer's code:** 03647716

**Reviewer's country:** Italy

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2018-12-11

**Date reviewed:** 2018-12-16

**Review time:** 5 Hours, 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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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**

This is an interesting manuscript. However it would be useful to compare the resets obtained by EUS with colonoscopy and RMN. Furthermore the discussion should be modified including the manuscript describing the prediction rate of other procedures



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(colonoscopy and RMN); i.e. "Role of colonoscopy in the diagnostic work-up of bowel endometriosis. World J Gastroenterol. 2015 Apr 28;21(16):4997-5001. doi: 10.3748/wjg.v21.i16.4997.", "Magnetic Resonance Imaging Compared with Rectal Endoscopic Sonography for the Prediction of Infiltration Depth in Colorectal Endometriosis. J Minim Invasive Gynecol. 2017 Nov - Dec;24(7):1218-1226. doi: 10.1016/j.jmig.2017.07.026. Epub 2017 Aug 9." "Can transvaginal sonography predict infiltration depth in patients with deep infiltrating endometriosis of the rectum? Hum Reprod. 2009 May;24(5):1012-7. doi: 10.1093/humrep/dep014. Epub 2009 Feb 15."

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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## PEER-REVIEW REPORT

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

**Manuscript NO:** 44703

**Title:** Preoperative rectosigmoid endoscopic ultrasonography predicts the need for bowel resection in endometriosis

**Reviewer's code:** 02465209

**Reviewer's country:** United States

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2018-12-11

**Date reviewed:** 2018-12-20

**Review time:** 14 Hours, 9 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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 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

I suggest some discussion on other ultrasound findings that may also be usefull such as uterosacral ligament thickness, thickened pericollic fat, ovarian mobility and focal tenderness which is disussed in the literature and how this relates to what you decided



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to use instead.

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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 44703

**Title:** Preoperative rectosigmoid endoscopic ultrasonography predicts the need for bowel resection in endometriosis

**Reviewer’s code:** 00742244

**Reviewer’s country:** Italy

**Science editor:** Jia-Ping Yan

**Date sent for review:** 2018-12-11

**Date reviewed:** 2018-12-26

**Review time:** 5 Hours, 15 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:
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		<input 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**

This is an original study assessing the impact of preoperative rectosigmoid endoscopic ultrasonography to predict the need for bowel resection versus shaving technique in endometriosis nodule thickness. The manuscript adequately describes the background,



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present status and significance of the study. Overall quality of manuscript organization and presentation is high. The manuscript is well, concisely and coherently organized and presented. Its style, language and grammar is accurate and appropriate. However, we have a few comments listed below that should be addressed by the Authors: 1. METHODS. The Authors should provide more details regarding the US technique used: type of probe, frequency, patient position, normal anatomy of the rectal wall, ultrasonographic pattern of endometriosis, technique of measurement. Moreover, why did they not use 3D, elastography, contrast medium or Doppler? If not, in the DISCUSSION, they should comment if these new technologies could provide further advantages or not. It is also not clear to me, if the surgeon who performed the operations was blind to the preoperative US findings. If not this could represent a huge bias for the study 2. ILLUSTRATION. We recommend Authors also to add a few images of normal US anatomy and not-infiltrating endometriosis nodule

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