



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 55390

**Title:** Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: a case report

**Reviewer's code:** 00503228

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Iran

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-03-23

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-07-05 03:13

**Reviewer performed review:** 2020-07-05 04:39

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

Nice and organized presentation of a case which is probably not very unique for a case report. Moreover, you failed to address some very important aspects in your report. The patient has several comorbidities including a renal failure and transplant; atrial fibrillation; and significant drug history including immunosuppressants & amiodaron. But you haven't well addressed them. For example, a most significant issue in this regard was to investigate a possibility of electrolyte disturbances which is very probable. On the other hand, ischemic strictures is a known reason for small bowel obstruction and in this patient, the history of atrial fibrillation is a significant history in this regard. Therefore an arteriogram could be a consideration in this patient. Moreover, a known side effect of amiodaron is hypothyroidism which could fairly describe several of the patient's symptoms. You also failed to report the renal transplant function indices. the infection (pneumonia) itself can describe the symptoms in a patients with such high rate of comorbidity. Moreover diffused candidiasis has been implicated as a reason to small bowel obstruction (PMID: 15792164; consider the improvement of symptoms after antifungal therapy), and if I were you, I would have focused on this issue most, including in the title. In your report, all the cultures seem to be from the sputum, but due to the patient's immunosuppressive conditions, you might have cultured up and down including the blood, urine, GI and bronchoalveolar lavage , as well as LP specimens.



### PEER-REVIEW REPORT

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**Manuscript NO:** 55390

**Title:** Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: a case report

**Reviewer's code:** 00503773

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor, Doctor

**Reviewer's Country/Territory:** Turkey

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-03-23

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-07-05 10:22

**Reviewer performed review:** 2020-07-07 16:34

**Review time:** 2 Days and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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#### **SPECIFIC COMMENTS TO AUTHORS**

I read the manuscript named " Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: a case report ". ( Manuscript NO: 55390 ) and my recommendations are as fallows. Title: It is accurately reflects the major topic and contents of the study. Abstract: Adequate, summarizing the topic. Case report: Case has been presented in detail. References: References are appropriate and updated. Figures are reflects the major findings of the study, and they are appropriately presented. This manuscript was well-written and documented. This manuscript gives additional new knowledge to the existing literature. This is an interesting case report.I think that this manuscript is suitable and worth to be published in the World Journal of Clinical Cases



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

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**Title:** Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: a case report

**Reviewer's code:** 00045989

**Position:** Peer Reviewer

**Academic degree:** AGAF, FACG, FACP, FASGE, MD

**Professional title:** Director, Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-03-23

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-07-06 16:59

**Reviewer performed review:** 2020-07-14 19:29

**Review time:** 8 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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## **SPECIFIC COMMENTS TO AUTHORS**

This case report describes an extremely complex immunosuppressed patient with a history of kidney transplant and community-acquired pneumonia who presented with duodenal obstruction and later pseudo-obstruction concomitant with probable fungal pneumonitis. 1. From the reviewer's standpoint, this lady almost assuredly had juxta-ampullary diverticulitis. This happens when inspissated food gets into a narrow neck diverticulum. Note the absence of diverticulum visualization on Figure 1A would account for dilation of the pancreatic duct on Figure 2. Moreover, I do not agree that the baseline CT scan is normal. The reviewer would suggest being more direct in your presentation and Discussion, e.g.: Although the exact etiology of the duodenal obstruction was uncertain, the imaging and clinical course was consistent with diverticulitis of a juxta-ampullary diverticulum as there was no evidence of pancreatitis, neoplasm, or peptic ulcer disease on CT imaging or endoscopy. 2. Minor grammar suggestions a. Page 4, line 66 - 7...revealed a dilated stomach and proximal duodenum. b. Page 5, line 79 = Her condition deteriorated with conservative treatment and extensive additional investigations. c. Page 7, line 118, Lower = decreased gastrointestinal motility d. Page 15, line 282 = there are several limitations 3. Note, unless paraesophageal hernias have a component of a hiatal hernia (Type III), they are not associated with reflux, rather pain, chronic GI bleeding, and if large, decreased respiratory excursion. Please consider revising your Discussion on page 15. 4. The reviewer is unaware of any data that enemas "restore normal intestinal motility." They are helpful for refractory constipation. 5. Your report could be condensed significantly.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Iran

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-03-23

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2020-08-06 03:11

**Reviewer performed review:** 2020-08-06 06:56

**Review time:** 3 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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**Manuscript submission date:** 2020-03-23

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2020-08-05 14:59

**Reviewer performed review:** 2020-08-10 15:06

**Review time:** 5 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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The manuscript is significantly improved and acceptable, with minor grammar corrections, for publication from the reviewer's perspective . The authors have addressed the reviewer's initial comments and concerns.



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