

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59113

Title: Endoscopic reduction of colonic intussusception due to metastatic malignant melanoma: A case report

Reviewer's code: 00722674

Position: Peer Reviewer

Academic degree: FEBS, FRCS (Ed), MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Japan

Manuscript submission date: 2020-08-25

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-09-11 09:37

Reviewer performed review: 2020-09-17 17:36

Review time: 6 Days and 7 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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

Dear authors, I read with much interest your case report entitled: "Endoscopic reduction of colonic intussusception due to metastatic malignant melanoma: A case report". In this paper you present a patient who underwent colonoscopic reduction of a colocolonic intussusception as a bridge to elective surgery. My comments are:

Abstract: chemotherapy should read immunotherapy. Did the symptoms subside after intussusception reduction? When was elective surgery performed. How long after the reduction? Core tip should be reduced to one line max two.

Introduction "several reports" → "a few reports" ?

Case presentation Please present the case in 1-2 well structured paragraphs without so many subheadings. The history of the present illness in this instance starts with the abdominal pain and diarrhea. The rest is past medical history which should follow a chronological order. "Abdominal tenderness" : where? Please mention at which time point the CT and the colono where performed. "naturally reduced" What do you mean naturally? Spontaneously? Without any effort? splenic fold → splenic flexure? "The patient is scheduled to undergo further immunotherapy" : Do you mean a different immunotherapy? Why continue immunotherapy when they develop new metastasis while on it?

Discussion. The authors should discuss more clearly the rationale of endoscopy in these patient. For example how could the procedure alter the therapeutic plan. If this was a large pedunculated polyp causing intussusception endoscopic polypectomy if feasible would have been enough. Were there signs of bowel obstruction clinically or in the CT? Why not performing the operation during the same hospitalization to avoid the risk of recurrence with perforation? Would laparoscopic resection have been an option in the acute setting? Why not? Did you tattoo the lesion at colonoscopy? Was it reduced before you reach the area with the scope (by the enemas and the insufflation) or after you

passed through the site of obstruction? Please underline that colonoscopy in those circumstances should be very careful. Sincerely,