



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 64258

Title: Intestinal gangrene secondary to congenital transmesenteric hernia in children misdiagnosed with gastrointestinal bleeding: A case report

Reviewer's code: 05446731

Position: Peer Reviewer

Academic degree: FACC, FACP, FAHA, MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-13 21:44

Reviewer performed review: 2021-02-19 19:57

Review time: 5 Days and 22 Hours

Scientific quality	<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 Grade E: Do not publish
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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

This case report seems to be interesting. As a reviewer, I have several requests as follows.

- #1 The authors collected 14 cases of congenital transmesenteric hernia since 2002. Why did the authors adopt such limitation as 2002? #2 Because of a small numbers of collected patients, the authors should display data using median values rather than average values. #3 The authors should add each explanation of A and B, in Figure1. #4 In Table 2, the data were shown with second decimal places. I think that the authors should clear numbers below decimal points.



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Title: Intestinal gangrene secondary to congenital transmesenteric hernia in children misdiagnosed with gastrointestinal bleeding: A case report

Reviewer's code: 05185768

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Assistant Professor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2021-02-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-14 12:42

Reviewer performed review: 2021-02-21 16:46

Review time: 7 Days and 4 Hours

Scientific quality	<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
Language quality	<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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SPECIFIC COMMENTS TO AUTHORS

Please focus that this condition needs emergency management. CT is very helpful but do not delay management. Explore lap might be considered case by case depend on surgeon judgement. Please mention abdominal x-ray, clinical features (other clues) for re-imaging in this case if the authors have data, as CT scan is not available or might take time in some centers.

Introduction:

Line 65 -please explain the typical and atypical symptoms of congenital transmesenteric hernia

Case Presentation

Line 85 - please mention the detail of vomiting such as bilious/nonbilious/projectile/coffee ground vomitus

Line 91 - did you have abdominal x-ray? It will be better to present abdominal x-ray whether it showed the picture of small bowel obstruction. Abdominal x-ray is the initial investigation that is very useful for surgical conditions. Moreover, abdominal x-ray is friendly, affordable price and available worldwide. No need for general anesthesia when compares with CT scan.

Line 97 - duodenal ulcer was the consequence of HSP? If yes, it is rarely to recur after 1 year as HSP in children had a very good prognosis. This patient should not be DDX with DU from previous HSP.

Line 111-116 - this lab might be unnecessary to present.

Line 121 - it will be better to focus the reason for re-imaging such as marked abdominal distension, marked pallor, etc. So that clinician will learn how to re-imaging even it is previously normal at first time. How long between first and second CT? Why did clinician not decide explore lap?



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Line 134 - Did the authors put NG for the patient; to identify source of bleeding (intraluminal or extraluminal) and to release abdominal distension. Why did clinician not perform EGD if DU is the DDX?

Line 135 - should add re-physical examination before re-examination of abdominal CT. It will be very useful for the clinicians who read this case report.

Line 173 - please add the characteristics of the vomitus

Line 189-192 and line 214-218 - the authors should mention the presentation of progressive anemia or coffee-ground vomitus in the previous literature compare to the authors' case report. Is it common or rare? As authors mentioned mainly abdominal pain, abdominal distension and vomiting.

- Is there different in clinical presentation of this condition between children and adult?

Line 223 - vomiting (13/14) be better to add detail of the vomitus (bilious, non-bilious)

Figure 1 - asterixis or arrow at the lesions

Table 1 - many typo errors (shock-like or shocklike, vomiti, 1 days)

- It will be good to add symptom of anemia, Hb drop in column symptoms (should change the name of column to symptoms and signs). As authors conclude that CT is helpful for improving the accurate preoperative diagnosis it will be good to put the column imaging in this table if possible. The thing that I am very concerned that this will mislead the reader in management especially the emergency condition that need explore lap to delay for investigation with CT scan.

Table 2 is unnecessary, the authors can put some statistic data in the text instead.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05446731

Position: Peer Reviewer

Academic degree: FACC, FACP, FAHA, MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-02-13

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2021-03-18 19:48

Reviewer performed review: 2021-03-19 21:25

Review time: 1 Day and 1 Hour

Scientific quality	<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
Language quality	<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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I have no further comments regarding the revised manuscript.