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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 82719

Title: Predictors for success of non-operative management of adhesive small bowel obstruction

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05873472
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Australia

Manuscript submission date: 2022-12-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-28 08:36

Reviewer performed review: 2023-01-05 15:13

Review time: 8 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This manuscript retrospectively analyzes the clinical data of 252 patients with adhesive small bowel obstruction, and proposes objective factors that predict the success of non-surgical treatment of adhesive small bowel obstruction. The research process is rigorous and has high clinical guiding significance. And the submission is worth of publication. However,The number of selected cases is small, and the results need to be further validated by more robust data and long-term randomized controlled studies.

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Reviewer's code: 02512347
Position: Editorial Board
Academic degree: FRCS (Gen Surg), MBChB
Professional title: Chief Doctor, Surgeon
Reviewer's Country/Territory: Saudi Arabia
Author's Country/Territory: Australia

Manuscript submission date: 2022-12-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-13 04:49

Reviewer performed review: 2023-01-14 06:04

Review time: 1 Day and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This study determines the predictors of failure of non-operative management of small bowel obstruction (SBO) due to adhesions. The study concludes that only the CT scan with soluble oral contrast is helpful in predicting failure of non-operative treatment. Clinical presentation, physiological and laboratory investigations had no bearing on the predictability. The topic is of great interest and is within the scope of the journal. I have the following Major comments: 1. The study is retrospective. This opens the door wide open for selection bias. Although you mentioned this as a drawback in the study, you need to highlight the bias in selection incurred by the retrospective nature of the study. A strong point in favor of the study was the blinding of the radiologist. Good identification of the exclusion and exclusion criteria was another good point. 2. It was not clear in the study method if the cases of SBO operated on admission upon the on-call surgeon discretion were included in the operative group (Group A) or not. However, it appears as if they were. If so, how many patients underwent immediate surgical intervention on presentation, at the discretion of the on-call consultant surgeon? Why did they undergo surgery without a trial of conservative management? I feel they should

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have been excluded from group A 3. Since the physiological parameters and the laboratory investigations were tabulated in one table (table 3), why they are not included under the same headings in the Result section? 4. I am very surprised that absence of small bowel faecal sign on CT scan is a predictor of operative intervention. Is this true? Please, clarify. Your results indicates that large no. of the non-operative (group B) subjects had faecal sign present. I am really surprised as this sign is a predictor of failed non-operative management. 5. It would be nice to include some radiological figures of the CT scans from both groups showing for example: transition point, small bowel faecal sign, and contrast reaching the colon, etc. 6. Table 4 is confusing for me especially regarding the percentages; it needs elaboration for clarity. It was confusing to me to see large number of patients with transition zone in group 2 were managed successfully by non-operative methods. Also, water soluble vs non water soluble: does this mean not all patients had soluble contrast on CT scanning? Also, 19 patients in the operative group (Group A) had contrast reached the colon and despite that they underwent surgery; what were the indications? Such findings need to be addressed in the Result section and elaborated upon in the Discussion section. I feel the Discussion should concentrate more on those unexpected findings supported by literature review. Minor comments: 1. In the Abstract: you did not identify the groups A and B. 2. Under Results: specify the study period. Also, add the percentage of the number of patients in each group