

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 86969

Title: Risk and management of Post operative Infectious Complications in Inflammatory Bowel Disease: A Systematic Review.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05205634

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-07-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-31 14:37

Reviewer performed review: 2023-07-31 14:57

Review time: 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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

SPECIFIC COMMENTS TO AUTHORS

This is an interesting review article; the topic is important and maybe of interest for the Journal readers. I have few considerations: 1. Please, review all the abbreviations during the article, specially Crohn's disease (CD) and ulcerative colitis (UC). 2. Abstract: Aim: The aim of this paper is to gather evidence on risk factors associated with increased postoperative infectious complications in IBD and explore management strategies to reduce morbidity and mortality. 3. Review the Grammar. I think that it is better to use patients with IBD instead of IBD patients. 4. The introduction is too long. Plase, focus on the subject (IBD and post-operative complications). 5. I have no concerns about the methods. The results are ok, no further comments. However, please comment that upadacitinib / risankizumab / ozanimod, etc, and other approved medications have no studies on the subject (one / two sentences). 6. I suggest to exclude the following:

Therole of ustekinumab in the treatment algorithm for IBD is still beingdetermined(25, 53, 54). Finally, this is not a conclusion: To guide the care of IBD patients, an algorithm proposed by Zangenberget al. can be followed. This involves assessing the patient'shemodynamic status, diagnosing disease severity using



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flexiblesigmoidoscopy, considering medical therapy with IV corticosteroids and subsequent anti-TNF agents in cases of systemic toxicity, withdrawing corticosteroids if surgery is required, and reserving routine antibiotic administration for cases involving percutaneous drainage of an intraabdominal abscess (61). If needed, include the sentence in the discussion. kind regards

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Position: Editorial Board

Academic degree: DPhil, PhD

Professional title: Associate Professor, Professor

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Author's Country/Territory: United Kingdom

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Review time: 1 Day and 7 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Good <input type="radio"/> Grade C: Fair <input type="radio"/> Grade D: No novelty
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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

SPECIFIC COMMENTS TO AUTHORS

Reshma and Soldera reviewed on the risk factors for increased postoperative infectious complications in inflammatory bowel disease and discussed the management strategies to reduce morbidity and mortality in patients with IBD. In general, this review was well prepared, informative, critical and of educational and practical values. 1, Second paragraph, first sentence. A more recent article should be cited: Gastroenterol Rep (Oxf). 2022 Nov 9;10:goac063. doi: 10.1093/gastro/goac063. eCollection 2022. Surgery for Crohn's disease: upfront or last resort? 2, Table 3, typo in the table title "Figure 3". Also, need a footnote to explain IASC. 3, Table 7, Need footnotes to explain abbreviations. 4, The other major risk for the patients is the recurrence of IBD after surgery. It is important to compare the risk factors for postoperative infectious complications with those for recurrence, so that better management plan may be designed. Therefore, this reviewer suggest the authors to relating their findings to those recently published at: Gastroenterol Rep (Oxf). 2022 Nov 16;10:goac070. doi: 10.1093/gastro/goac070. Post-operative prevention and monitoring of Crohn's disease recurrence