

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 78234

Title: Cecocutaneous fistula diagnosed by computed tomography fistulography: A case

report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05937294 Position: Editorial Board Academic degree: MD

Professional title: Research Fellow

Reviewer's Country/Territory: Iran

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-21 17:27

Reviewer performed review: 2022-06-21 18:45

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

the authors present a case of appendectomy-related cecocutaneous fistula that was diagnosed by by CT fistulography and was managed by laparoscopic right hemicolectomy. 1.the pt. was admitted initially with the impression of cellulitis but you didn't monition any related symptoms like hotness, redness, tenderness, etc. 2. you claimed that the cecocutaneous fistula was related to the appendectomy that performed a=more than 15 years ago. it is so unbelievable. 3. during the initial lab examination, the data was in favor of systemic inflammation, WBC> 20,000 and CRP>19; did the pt have any systemic inflammation-related symptom like fever? 4. you didn't mention the final lab examination, did the WBC and CRP level decrease to the normal range? 5. please add more reference and discuss if there is any other report of appendectomy-related cecocutaneous fistula. 6. the literature review was so insufficient and the discussion was poor written. more over the last 3 paragraph didn't have any references.



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Peer-review model: Single blind

Reviewer's code: 05837295 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: India
Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-22 04:49

Reviewer performed review: 2022-06-22 05:04

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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



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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Iam interested to know the cause of fistula. Any pre-operative colonoscopy done, if yes kindly mention the findings.



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Peer-review model: Single blind

Reviewer's code: 02855587 Position: Editorial Board Academic degree: MD, PhD

Professional title: Associate Professor, Director, Surgeon

Reviewer's Country/Territory: Italy
Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-22 09:33

Reviewer performed review: 2022-06-22 09:46

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [<mark>Y</mark>] Grade E: Do not publish
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) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The case herein reported is not novel nor of particular interest. CT fistulography well established and indications are clear. I will not comment on the treatment because is out of the scope of this review, but I might suggest the authors to review and report international guidelines for the treatment of such cases. I appreciate the effort of the authors in reporting an unusual case in their department but I am afraid but I don't find the present report interesting enough to recommend it for publication.



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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03604107 Position: Editorial Board Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Albania

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-21 14:55

Reviewer performed review: 2022-06-23 16:05

Review time: 2 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [] Anonymous [Y] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The case report is interesting and worth publishing. Some issues are of concern, here including a thorough grammatical revision for errors and awkward expressions. fistolography (correct) 2. Magnetic resonance enterorrhaphy, which is a variant of MRI (is this an error? enterorrhaphy has nothing to do with MRI) 3. After surgery, we administered antibiotics and changed the wound dressing daily (be more precise: dosage; type of antibiotics... any antibiogram data?) 4. FINAL DIAGNOSIS Cecocutaneous fistula - too short to be a section per se; incorporate this in the previous section



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Peer-review model: Single blind

Reviewer's code: 03723418 **Position:** Editorial Board

Academic degree: MBBS, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-22 08:09

Reviewer performed review: 2022-06-30 09:36

Review time: 8 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



Peer-reviewer

Peer-Review: [] Anonymous [Y] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a well--prepared manuscript on a case of enterocutaneous fistula with insufficient evidence of fistula. This patient obtained satisfied clinical outcome from laparoscopic right hemicolectomy with re-anastomosis immediately after diagnosed by CT fistulography underwent. The authors highlighted the importance of CT fistulography for accurate diagnosis of ECF patients presenting without gastrointestinal symptoms.In general, this paper is clear and is suitable for publication in this journal.



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Peer-review model: Single blind

Reviewer's code: 03822338 **Position:** Editorial Board

Academic degree: FACS, MBBS, MNAMS, MS

Professional title: Professor

Reviewer's Country/Territory: India
Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-06-21 13:27

Reviewer performed review: 2022-07-04 19:50

Review time: 13 Days and 6 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [Y] Grade E: Do not publish
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) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[Y] Yes [] No



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Peer-Review: [Y] Anonymous [] Onymous Peer-reviewer

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Title. Does the title reflect the main subject/hypothesis of the manuscript? NO 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Somewhat, but not clearly 3 Key words. Do the key words reflect the focus of the manuscript? YES 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Somewhat 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Not applicable 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Not applicable 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Somewhat 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends?NO 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Not required 10 Units. Does the manuscript meet the requirements of use of SI units? Not applicable 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references?Yes 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Not applicable



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what are the original findings of this manuscript? What are the new hypotheses that this study proposed? What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study? NIL Second, what are the quality and importance of this manuscript? What are the new findings of this study? What are the new concepts that this study proposes? What are the new methods that this study proposed? Do the conclusions appropriately summarize the data that this study provided? What are the unique insights that this study presented? What are the key problems in this field that this study has solved? Not applicable Third, what are the limitations of the study and its findings? What are the future directions of the topic described in this manuscript? What are the questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next? How might this publication impact basic science and/or clinical practice? Not applicable



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 78234

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03822338 **Position:** Editorial Board

Academic degree: FACS, MBBS, MNAMS, MS

Professional title: Professor

Reviewer's Country/Territory: India
Author's Country/Territory: Taiwan

Manuscript submission date: 2022-06-21

Reviewer chosen by: Yu-Jie Ma

Reviewer accepted review: 2022-08-11 13:29

Reviewer performed review: 2022-08-12 20:02

Review time: 1 Day and 6 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, Thank you for modifying the manuscript at the relevant places. I have accepted most, barring a few. I think the suggestion will help you better. Best wishes.