

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 80296

**Title:** Intestinal erosion caused by meshoma displacement: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03600768

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Israel

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-09-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-10-09 10:47

**Reviewer performed review:** 2022-10-12 09:11

**Review time:** 2 Days and 22 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Judgment by peer reviewers</b>	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript use reliable research methods?

	<input type="checkbox"/> [41] Yes <input type="checkbox"/> [40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [51] Yes <input type="checkbox"/> [50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [61] Yes <input type="checkbox"/> [60] No
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

I congratulate the authors for their case report. it is very well written, and presents a very care but serious complication of hernia repair with mesh. I suggest few minor changes: I don't understand the meaning of "ileocecal canal" do you mean near the ileocecal junction? please rephrase abstract: background- I suggest to change It is rare to form a meshoma and erode the small intestine due to the curling of the meshinto meshoma formation and erosion to the small intestine is rare... curling - to folding ... that was not treated early, causing it to displace and erode the small intestine, WITH infection. complete control of symptoms WAS ACHIEVED after removal of the infected patch MASS, no recurrence of hernia AFTER 2 YEARS OF FOLLOW-UP CASE SUMMARY A 62-year-old male patient PRESENTED WITH recurrent abdominal pain repeatedly for 1 week, which has worsened 2 days BEFORE ADMITION, accompanied by fever. 5 YEARS BEFORE PRESENTATON HE UNDERWENT right inguinal hernia Plug and patch REPAIR approach. Two years ago, a CT scan revealed a right lower



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abdominal mass with soft tissue density, measuring approximately 30×17 mm, which was diagnosed as meshoma THAT WAS NOT TREATED. The patient HAD POORLY CONTROLLED DIABETES in the past year. introduction: sensitive antibiotics- please delete sensitive treatment - replace autopsy with specimen`s pathology (also in Figure 3e) add culture results (it is only mentioned in discussion discussion: it is very informative and interesting but I think that since it is only a case report that the recommendations for the mesh placement should be rephrased and emphasized it is the literature`s: for example- there are several recommendations in the literature to reduce the risk of meshoma formation. first choosing the right type of mesh... conclusion: because it is only a case report and there is no data regarding the technique of the plug and patch repair, I think it is best to delete the suggestions of avoiding folding and so on. focus on the fact that it is rare, and that if not treated in time it might erode and require resection of the involved organ.

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**Reviewer's Country/Territory:** South Korea

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<b>Scientific quality</b>	<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
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## SPECIFIC COMMENTS TO AUTHORS

This is a very interesting case of meshoma, and it is an article that has many implications for surgeons and doctors of other majors. I have several questions for the authors.

1. On page 5, line no. 4: Gastrointestinal bleeding was the final diagnosis, but was there melena? Or was FOBT positive called GI bleeding? If there was melena, was an endoscopy performed before surgery?
2. On page 6, line no. 2 Is the surgical site accessible by upper gastrointestinal endoscopy? Isn't it a double-balloon enteroscopy? If you have endoscopy photos before/after surgery, it would be good to attach them.
3. On page 7, Figure 2 >Blood glucose level seems to improve as time passes after hospitalization. It is unclear whether this is due to the improvement of the condition due to the elimination of infectious causes after surgery or the improvement due to frequent blood glucose measurement and thorough use of drugs after hospitalization. If the authors want to talk about the improvement of blood glucose level by removing the infectious cause, it would be better to add the changes in HbA1c before and after surgery

along with the drugs used for diabetes treatment. >How about showing antibiotics used, CRP level change, and culture results?

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**Reviewer's code:** 06163713

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

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**Reviewer performed review:** 2022-11-20 16:09

**Review time:** 2 Days and 2 Hours

<b>Scientific quality</b>	<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
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<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> <b>[Y]</b> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input checked="" type="checkbox"/> <b>[Y]</b> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> <b>[Y]</b> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> <b>[Y]</b> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>[Y]</b> No

## SPECIFIC COMMENTS TO AUTHORS

1. The case reported a middle aged patient with a rare finding of meshoma with associated mesh infection followig mesh placement on account of recurring inguinal hernia. 2. The manuscript tried to highlight factors associated or responsible for mesh infection and meshoma with possible ways of preventing such. 3. Though the report tried to explain factors that might be responsible for meshoma formation and mesh infection, however more case may be needed for proper inference on the subject matter.