



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 86410

**Title:** Comparison of modified gunsight suture technique and traditional interrupted suture in enterostomy closure

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

**Peer-review model:** Single blind

**Reviewer’s code:** 06540274

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Research Associate

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

**Author’s Country/Territory:** China

**Manuscript submission date:** 2023-06-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-06-19 07:40

**Reviewer performed review:** 2023-06-25 01:20

**Review time:** 5 Days and 17 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<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
<b>Creativity or innovation of this manuscript</b>	<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



<b>Scientific significance of the conclusion in this manuscript</b>	<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
<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**

This paper shows the efficacy of modified gunsight suture for ileostomy closure, which is very interesting. However, the description of important parts such as patient selection, surgical procedures, and explanations of figures is insufficient. 1. You mentioned that this study was a retrospective study. There were 270 eligible patients during the period, but how were the patients assigned to two groups of 135 each? 2. You stated that all patients gave their informed consent, but if it was a retrospective study, it would be unreasonable if some patients were already dead or missing. 3. Please state the patient's disease, whether colon tumors, inflammatory bowel disease, or intestinal trauma. 4. According to the Materials, did the patient undergo a right hemicolectomy and prophylactic ileostomy, followed by an ileocecal anastomosis? When a patient undergoes right hemicolectomy, the cecum does not exist, so the surgical procedure cannot be understood. And in the Surgical procedure section, you mentioned that 'Both ends of the freed intestinal tube were pulled out..., end-to-side anastomosis of the proximal and distal colon was performed'. Is it an ileo-ileal anastomosis, a colo-colic anastomosis, or an ileo-colic anastomosis? 5. Please provide the figure legends. 6. I am



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

very confused by your various ways of describing this procedure: modified cruciate suture, modified gunsight suture, and improved cross-stitch closure method. 7. What is VCP603? 8. In tables, please provide units. 9. In Table 2, what do you mean by SII(postoperative/preoperative)? Also please explain other abbreviations.



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 86410

**Title:** Comparison of modified gunsight suture technique and traditional interrupted suture in enterostomy closure

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

**Peer-review model:** Single blind

**Reviewer's code:** 06540528

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Lecturer, Research Associate

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

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

**Manuscript submission date:** 2023-06-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-06-20 22:42

**Reviewer performed review:** 2023-06-26 00:28

**Review time:** 5 Days and 1 Hour

<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>Novelty of this manuscript</b>	<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
<b>Creativity or innovation of this manuscript</b>	<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



# Baishideng Publishing Group

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

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

Very well-written manuscript on an interesting scientific topic. A more detailed description of the surgical technique and an improved paragraph on the limitations of the study would be both appreciated.



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 86410

**Title:** Comparison of modified gunsight suture technique and traditional interrupted suture in enterostomy closure

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

**Peer-review model:** Single blind

**Reviewer’s code:** 06520373

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Research Assistant

**Reviewer’s Country/Territory:** Switzerland

**Author’s Country/Territory:** China

**Manuscript submission date:** 2023-06-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-06-20 07:17

**Reviewer performed review:** 2023-06-26 07:40

**Review time:** 6 Days

<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>Novelty of this manuscript</b>	<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
<b>Creativity or innovation of this manuscript</b>	<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



<b>Scientific significance of the conclusion in this manuscript</b>	<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
<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

The manuscript titled “Comparison of modified gunsight suture technique and traditional interrupted suture in enterostomy closure” is aimed to compare the effects of modified gunsight suture technique and traditional interrupted suture in enterostomy closure. The topic is not innovative and has an average scientific novelty, but is interesting from practical point of view. However, at current state the manuscript needs to be revised. The main comments are listed below. Introduction should be modified. The short review on recent scientific and innovative works on suture materials and suture application methods should be given. The next works are recommended to be used for it: <https://doi.org/10.3390/mi13071105>, <https://doi.org/10.3390/coatings9060374>, <https://doi.org/10.3389/fmed.2021.801068>

The aim of the manuscript is stated in Abstract, but also should be mentioned in the end of Introduction. The main hypothesis of the work should be mentioned in Introduction “...To further validate the significance of the modified gunsight suture method in clinical practice...” suture word is duplicated “...among which the modified gunsight suture suture technique has shown promise...” suture word is duplicated Discussion



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
**https://www.wjgnet.com**

should be supported by more references to relevant works with similar or contradicting results. Wound healing process can be compared with works <https://doi.org/10.3390/gels9010057>, <https://doi.org/10.1007/s00784-019-03034-4> Conclusion should be supported by data obtained There are many old sources in References. The authors should replace old references by novel where is possible. The authors should give Limitations of the work in Footnotes Number and date of the Protocol of ethics committee of Qilu Hospital should be given in Institutional review board statement footnote. Perhaps, support of the ethics committee of Qilu Hospital should also be mentioned in Material and Methods section. From the Table 1 and Table 2 it is not clear why the author accepted two meaning of p-value (  $p < 0.05$   $p < 0.01$ ). Also all abbreviations in tables should be defined under the tables to make it possible to study tables separately from the text. Figure 1 consists of 4 photos. All photos should be marked by letters or digits and defined in the title of the Figure 1. English quality should be checked by native English speaker for typos and grammatical errors.