

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 88284

Title: Magnetic compression anastomosis for sigmoid stenosis treatment: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06288088 Position: Peer Reviewer Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2023-09-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-09-26 17:49

Reviewer performed review: 2023-10-02 19:39

Review time: 6 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Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent [] 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	[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 statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It was a well-written case report with unique approach to the recanalization of colorectal stenosis .I suggest accepting the case report.



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Peer-review model: Single blind

Reviewer's code: 04653244

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-09-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-10-11 21:54

Reviewer performed review: 2023-10-19 12:27

Review time: 7 Days and 14 Hours

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	[] Grade D: Fair [] Grade E: Do not publish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



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Language quality	[Y] Grade A: Priority publishing [] 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 [<mark>Y</mark>] 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

The authors report a case with severe stenosis of the sigmoid colon who treated with endoscopic-assisted magnetic compression anastomosis. This is an interesting report; however, it seems to be required some revisions. Major 1) Although this procedure is a useful method, it seems that it cannot be performed without creating a colostomy. Endoscopic balloon dilatation and temporary stent placement can be treated without creating a colostomy, so there should be more discussion about their relative merits. 2)

The causes of sigmoid colon stricture have not been discussed. It seems that this method is not indicated for all stenoses. Even if the pathological diagnosis has not been obtained, a more detailed description of the clinical diagnosis should be provided.

Would it be highly invasive to remove the stenosis of the sigmoid during surgery for closure of the colostomy? 4) It would be better to have a description of what length of stenosis could be an indication in this procedure. Minor 1) Is it possible to perform the procedure when the stenosis is severe or complete obstruction that guidewire cannot pass through? 2) Is there any possibility of restenosis after endoscopic treatment using a magnet? 3) There seems to be a bias in the reference.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04653244

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-09-21

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2023-10-31 03:33

Reviewer performed review: 2023-11-02 08:05

Review time: 2 Days and 4 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	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



SPECIFIC COMMENTS TO AUTHORS

Thank you for the chance to check the revised manuscript. I feel that this case report has been appropriately revised. I have no additional comments in particular.