

## PEER-REVIEW REPORT

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

**Manuscript NO:** 42565

**Title:** Adverse events related to colonoscopy: global trend and future challenges

**Reviewer's code:** 02542039

**Reviewer's country:** Thailand

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-09-28

**Date reviewed:** 2018-09-29

**Review time:** 16 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The review article entitled "Adverse events related to colonoscopy: global trend and future challenges" has summarized important data in the trend of colonoscopy related adverse events. The manuscript is well written but there are certain needs to make it more useful in those who are interested in this subject. 1. The writing style is very

descriptive, the authors should summarize the risk factor for each complication and try to calculate the odd ratio if possible. Perhaps they may put it as a table. 2. There certain type of colonoscopy related perforation. Scope related or polypectomy related? the size and danger cause to different outcomes. Immediate detection has shown a better result. Endoscopic treatment has emerged as a promising approach. I need the authors discussing in these issues. 3. Post polypectomy syndrome was not adequately mentioned in this review. Please add this part. 4. Post polypectomy bleeding has many perceivable risk factors, please review and discuss and put these risk factors as a table. 5. Miscellaneous and rare complications have been reported in curtained group of patients such as bacteremia and peritonitis in cirrhotic patients or patients who have peritoneal dialysis, renal or heart failure and hyperphosphatemia developed after bowel preparation, etc. Please add this part as another paragraph.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [ Y ] No

##### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [ Y ] No

## PEER-REVIEW REPORT

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

**Manuscript NO:** 42565

**Title:** Adverse events related to colonoscopy: global trend and future challenges

**Reviewer's code:** 03251358

**Reviewer's country:** Italy

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-09-28

**Date reviewed:** 2018-09-30

**Review time:** 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Nice review of colonoscopy-related adverse events (particularly perforation and bleeding), based on recent large-scale studies. The manuscript is well written and concise. Figures and tables are informative; there is not redundancy with what is contained in the main body of text. However, there are some margins for improvement.

Throughout the manuscript the use of the word “fatal” should be used correctly. Fatal consequence means something leading to the death of the patient. Therefore, for example the sentence “In particular, perforations in elderly patients can lead to highly fatal consequences” should be “In particular, perforations in elderly patients can lead to a high proportion of fatal consequences”. Consider reporting the definition of perforation (e.g. localized or diffuse release of gas or intestinal fluids into the peritoneum diagnosed with a CT scan...), and those of immediate or early bleeding and delayed bleeding (definitions more commonly reported in articles or better in guidelines). As results are currently presented, they only constitute a list of extracted data. For each section (perforation and bleeding), to facilitate readers understanding the data that were presented, it is necessary to summarize them as aggregate results. For example, all data analyzed, is perforation or bleeding more common in screening cases or in diagnostic cases? And why? Is it possible to rank the risk factors according to their incidence (e.g. more probable in screening or diagnostic patients, after polypectomy, for polyps >10 mm, elderly patients, patients with co-morbidities...) It would be appropriate to add a Discussion section also, to comment the aggregated results. The section “Challenges” derives from the points commented and debated in Discussion. Due to the fact that different definitions of early and delayed bleeding are often used across articles, probably some limitations in the analysis of extracted data should be acknowledged by the authors.

## INITIAL REVIEW OF THE MANUSCRIPT

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**Baishideng  
Publishing  
Group**

7901 Stoneridge Drive, Suite 501,  
Pleasanton, CA 94588, USA

**Telephone:** +1-925-223-8242

**Fax:** +1-925-223-8243

**E-mail:** bpgoffice@wjgnet.com

**https://** www.wjgnet.com

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## PEER-REVIEW REPORT

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

**Manuscript NO:** 42565

**Title:** Adverse events related to colonoscopy: global trend and future challenges

**Reviewer's code:** 02543017

**Reviewer's country:** United States

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-09-28

**Date reviewed:** 2018-10-16

**Review time:** 18 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The authors have worked hard and put together all this data related to complications of colonoscopy. Although subject matter is timely ,would be nice to include/ discuss different mechanisms of each complication.



**Baishideng  
Publishing  
Group**

7901 Stoneridge Drive, Suite 501,  
Pleasanton, CA 94588, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
**https://** www.wjgnet.com

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