



PEER-REVIEW REPORT

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Title: Ischemic colitis after enema administration: Incidence, timing, and clinical features

Reviewer's code: 02440474

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

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Scientific quality	<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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This study was a retrospective study for ischemic colitis after enema administration. 1) 19 patients with IC were selected from 8320 received glycerin enema. However, as we all know, the clinical manifestations of ischemic bowel disease vary greatly and can be divided into many types without specific diagnostic criteria. Although the authors provided the inclusion criteria, we need to know the diagnostic criteria for IC in this study and how to confirm other patients without IC before enema. The authors need to reclarify the inclusion and exclusion criteria. We suspect that other types of IC were overlooked and only severe symptoms were recorded leading to an increase in surgical procedures for IC. 2) In the figure legend of figure 2, the curve was not defined. The clear explanations of the differing part will be better. The authors should describe it. 3) 14 patients in 19 patients with IC used colonoscopy as diagnostic tool. The authors should provide the recording of colonic cleansing and cleaning enema using which can aggravate intestinal ischemia. 4) In the study, authors identified leukocytosis as another predisposing factor for glycerin enema-related IC. However, the WBC index after enema was not provided. We can assume that the leukocytosis be due to the severe intestinal infection, which cannot be explained by the association with IC after enema. 5) All the patients with IC included by the author occurred after glycerin enema, and other agents were not included. It is hoped that the author could provide evidences to confirm these patients without IC before glycerin enema. Otherwise we would think that the onset of severe symptoms is probably a matter of time and not necessarily related to the enema.