



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Pediatrics

**Manuscript NO:** 62339

**Title:** Chilaiditi syndrome in pediatrics patients: Symptomatic hepatodiaphragmatic interposition of colon

**Reviewer's code:** 03714085

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Research Scientist, Doctor, Surgeon

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

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

**Manuscript submission date:** 2021-01-05

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-01-08 15:01

**Reviewer performed review:** 2021-01-12 16:09

**Review time:** 4 Days and 1 Hour

<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 Grade E: Do not publish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>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



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#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting and valuable article. In the abstract should be stated the ratio between patients with satisfactory outcome from conservative and surgical approach. Redundant colon may be added to the keywords. Fig. 1 as well as fig 2 show a redundant colon (dolichocolon). This has to be discussed, since the elongated colon is not fixated to the dorsal abdominal wall and could swing free on a long mesentery. This means that loops may be displaced. With regard to constipation this is a consequence of an elongated colon. The symptom aerophagia has to be discussed. It may come from a misunderstanding over the years. Colonic gas comes from bacteria acting on faeces. Surgery has to be mentioned in the conclusion. In the table the type of surgery is lacking. In the reference-list PMID is lacking.