



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 62747

Title: A rare complication of inflammatory bowel disease-like colitis from glycogen storage disease type 1b and its surgical management: A case report and review of literatures

Reviewer's code: 03258487

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

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Scientific quality	<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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear the Editor of the World Journal of Gastroenterology Manuscript NO: 62747 " A rare complication of inflammatory bowel disease-like colitis from glycogen storage disease type 1b and its surgical management: A case report and review of literatures" by Chi-Wai Frederick LUI and Oswens Siu-Hung LO The authors described a 20-year-old female patient with confirmed GSD type1b, who first presented with typical manifestations including hepatomegaly, hypoglycemia and neutropenia at young age. Due to its rare and serious complications of longstanding inflammatory bowel disease and chronic diarrhea leading to colonic stricture and colonoduodenal fistula, it led to surgical management including right hemicolectomy with primary anastomosis and resection of the fistula and repair of the bowel involved. The authors also demonstrate radiographic and endoscopic findings and gross surgical pathology. The authors provided a good summary of literature review of non-GSD1b IBD-like colitis and surgical management in refractory cases. Overall comments Overall, the authors described a rare case of GSD1b with exceptional intestinal complications. It is well written and provide good detail of the clinical and investigational findings. The literature review part is good, though one-third (7/21) of the references are abstracts from the conference which could be due to the rarity of this rare condition/complication. Table 2 needs much correction. In sum, I think this manuscript deserves publication in WJG with minor correction. Specific comments • ABSTRACT and INTRODUCTION - it should read "We herein describe...", not described. • INTRODUCTION - "neutrophil dysfunction", not "neutrophils dysfunction" • CASE PRESENTATION - Line 3: Please check if the authors really want to say mucopolysaccharidosis? - It would be useful to add a few sentences about what



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happened during the first 10 years of life, for example 1) whether or not the patient was diagnosed of inflammatory bowel disease and what kind of treatment she received; 2) whether or not the patient had neutropenia - Para 3: "July 2017" is not helping the audiences to understand how old the patient was at that time. I suggest replacing it with the patient's age. • DISCUSSION - para 2, last line: please provide the range of the patient's platelet count. - para 5: "In practice.....were corrected" is too detailed and could be removed. • Throughout the manuscript - "granulocyte-colony stimulating factor" not "granulocytes-colony stimulating factor" - Please be consistent in using G-CSF, and not GCS-F in some places. • Table 2 - Information in Table 2 are in repetition with the discussion. The way Table 2 is presented is below standard as compared to the main text manuscript. There are many typo errors and misplacing of the results and discussion. I personally think that it could be removed, otherwise it needs major correction and shorten some of the redundant information in the DISCUSSION section.