PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69622

Title: Predicting the outcome of closed-loop small bowel obstruction by preoperative characteristics

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02729532

Position: Editorial Board

Academic degree: MBBS, MD

Professional title: Associate Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Netherlands

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-28 09:19

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Review time: 3 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] 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 manuscript needs editing by a language expert to improve language usage.

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Accept (General priority) [ ] Minor revision [Y] 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

Thanks for inviting me to read this study.   The aim study was to describe clinical, CT imaging, and blood results differences in patients with Closed-Loop Small Bowel Obstruction (CL-SBO). Also, to describe the clinical predictors of ischemia perioperative. Patients with CL-SBO were classified into three groups (ischemia perioperative): viable bowel, reversible ischemia, and irreversible ischemia. The authors describe that the most of patients are old and have an ASA classification > 3. The authors did not describe the clinical predictors of these outcomes since they did not use measures of association, such as RR or OR.   Moreover, they did not performer an ordinal logistic regression that allowed the calculation of an OR.   I have additional comments: Abstract: • The authors must describe the abbreviations used, such as CT. Methods: • I   do   not understand why this study was not approved by a Bioethics Committee. This must be clarified. Results: •   Some data could be summarized in a table. •   How   many radiologists did CT imaging assess? is there agreement between them? •   Why were 32 patients use to evaluated postoperative complications? This could be a selection bias.   •

There are no findings of clinical predictors of ischemia perioperative. The authors did not perform an ordinal logistic regression. •   The tables must be improved.   o

All data must include two decimals. o Abbreviations must be described. o   The measurement units of each variable must be written.

Scientific quality	[ ] Grade A: Excellent　[ ] Grade B: Very good　[Y] 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)　[ ] Accept (General priority) [Y] Minor revision　[ ] Major revision　[ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous　[ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for inviting me to read this study. I thank the authors that have considered my comments. They have satisfactorily addressed all my comments and questions, and the article has been significantly improved.   However, the findings of logistic regression must be improved, and the confounding must be assessed. These would allow us to ensure that their findings are true.   I have some comments: • Abstract: Please, include OR findings in your abstract. Since this study aims to describe predictors of perioperative outcome and viable bowel. •   Methods: o   why was not a multivariable regression performed? o please, the ethical approval must be described with the section named "patients and study design". o   The authors have already carried out a logistic regression; however, the main limitation of cohort studies is the selection bias, which has independent effects on the outcome. This effect is known as confounding. Has there been a systemic effort to identify and measure potential confounders? •   Results: o Table 1. There are two approaches to identify imbalance confounders between both groups. The first is to use the significance test (chi2, t-test), these are sensitive to sample size. The second is to use standardized difference, this is not sensitive to sample size. Please, the authors must perform this last. o   Please, include all variables studied in multivariable logistic regression; such as clinical symptoms, blood results; and, intervals between onset of symptoms and computed tomography and surgery in the three study groups. For last, describe how the best model was selected (AIC, BIC, or REML); and, these must be stated in your findings and methods. oThe authors must describe which statistical analyses were performed for assessing the goodness of fit of their model, such as the Hosmer-Lemeshow test, R2 for logistic regression. o   Table 2. Please, 95% CI must be included in all variables.   o

Please, include a table that includes unadjusted OR and adjusted OR by age, ASA, or each variable that has a standardized difference greater than 0.1. These findings could be reported as supplementary material. This will allow ensuring that there is no confounding.