

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71604

Title: Bilateral pneumothorax and pneumomediastinum during colonoscopy in a patient with intestinal Behcet's disease: a case report

Reviewer's code: 05185768

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Assistant Professor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2021-09-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-15 16:09

Reviewer performed review: 2021-09-25 08:19

Review time: 9 Days and 16 Hours

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 Grade E: Do not publish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 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
Conclusion	<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
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



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

SPECIFIC COMMENTS TO AUTHORS

This is a case report of BD with bowel perforation after colonoscopy. It is interesting, however, more core contents are needed to add in. First, to clarify whether the perforation happened after colonoscopy or before. It will be good to present CXR and abdominal x-ray before colonoscopy if authors had this detail. Second, did the authors use CO₂ or air insufflation in colonoscopy. Please add this information as well. Last, it will be good to add more critical discussion about the possibility of bowel perforation from colonoscopy in BD patients and how to differentiate spontaneous bowel perforation from iatrogenic perforation from the colonoscopic procedure (for example, table that contains incidence/abdominal signs and symptoms/film x-ray/colonoscopic finding etc.)

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Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 71604

Title: Bilateral pneumothorax and pneumomediastinum during colonoscopy in a patient with intestinal Behcet's disease: a case report

Reviewer's code: 03806663

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2021-09-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-26 11:24

Reviewer performed review: 2021-09-26 12:32

Review time: 1 Hour

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 type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 checked="" type="checkbox"/> Minor revision <input 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

it is an interesting case, but i have some comments that are mentioned below: 1-what is the type of gas used during colonoscopy, is it air or co2. 2-you mentioned that the patient was under general anesthesia, and mentioned again that there was a difficulty inserting an endotracheal tube just after colonoscopy. 3-there is difficulty understanding the endoscopic findings of both colonoscopies, also why you proceed with a second colonoscopy despite the history of spontaneous perforation in the index colonoscopy. Is there other modalities with a less risk of perforation.