



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 81892

Title: Diagnostic Performance of Texture Analysis in the Differential Diagnosis of Perianal Fistulising Crohn's Disease and Glandular Anal Fistula

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06179533

Position: Peer Reviewer

Academic degree: MSc

Professional title: Associate Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2022-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-12 04:34

Reviewer performed review: 2022-12-18 10:12

Review time: 6 Days and 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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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

SPECIFIC COMMENTS TO AUTHORS

The artificial intelligence based diagnosis methods have been gaining popularity lately. The design of the manuscript is acceptable. However there are some flaws. 1. Do we really need a method to discriminate Crohn's disease associated fistulas and simple fistulas. Crohn disease generally presents with so many different findings in different parts of the gastrointestinal canal even in some cases in mouth etc. 2. Do you always perform perianal MRI examinations with a water sac? Do you think is it really necessary, because it is a difficult method for the patient. 3. Texture analysis or other AI techniques generally aims to ease the imaging method, increase patient comfort and/or increase the result reliability. Maybe this study should be designed to test the diagnostic reliability of the examinations without a water sac. 4. As far as i can understand from the figure 2, ROI was drawn into the contours of the water sac. Is this correct, should not it be placed into the fistula tract? The way to draw the ROI and place the fistula must be clearly defined and figure must be accordingly chosen.



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Reviewer's code: 00058573

Position: Editorial Board

Academic degree: FASCRS, MBBS, MD

Professional title: Associate Professor, Chief Doctor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-19 05:57

Reviewer performed review: 2022-12-19 06:07

Review time: 1 Hour

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
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	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Nicely conducted and analyzed study. It will add value to the existing literature and in the management of complex fistulas by differentiating between Crohns and cryptoglandular fistulas. In METHODS, its mentioned Considering the retrospective nature of the study, the need for informed consent was waived. Please specify as which authority (Ethics Committee) of else waived the need



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Peer-review model: Single blind

Reviewer's code: 03645427

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Doctor, Director

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2022-12-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-19 11:52

Reviewer performed review: 2022-12-21 03:43

Review time: 1 Day and 15 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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The aim of your study is important and useful in practice. MRI is a relatively non-invasive (despite rectal bag insertion) and recently an interesting tool to evaluate the activity of Crohn's disease particularly in study for small bowel. However, your hypothesis that CD anal fistula is always associated with rectal inflammation (proctitis) has some problems. First, If rectal inflammation combined with anal fistula can be evaluated better with sigmoidoscopy or anoscope. Second, isolated anal fistulizing CD is rare and have to be differentiated from another chronic inflammation, such as TB. Third, texture analysis can be useful, but it seem to be difficult and too specific for peer readers to understand its parameters. More information is likely to be needed. If you show some clnical cases, it would be better.