

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This original study evaluated the efficacy of intestinal obstruction tube combined with meglumine diazo in treating EPISBO of colorectal cancer, and found that ileus tube combined with meglumine diatrizoate could effectively treat postoperative inflammatory ileus after surgery colorectal cancer and improve prognosis, inflammatory response, and nutritional status. The manuscript is well written, but further editing and proofreading are needed to maintain the best sense of reading. In addition, some concerns have been noted including: Part 3.1 clinical efficacy describes: The effectiveness rate of cohort A was elevated compared to cohort C, with statistical significance ($P < 0.05$). There was nil marked variation in effective rate across cohorts A and B and B. With statistical significance ($P < 0.05$). There was nil marked variation in effective rate across cohorts a and B and B and C ($P > 0.05$). However, the differences between cohorts A and B, cohorts B and C and cohorts A and C are not seen in Table 1. In note of Table 2-4 "an indicated $P < 0.05$ when compared to identical cohort pre-treatment", an should be a. There is no P value in Table 5. The conclusion of the narrative cannot be drawn from Table 5.

R: Significance markers have been added in Table 1 to distinguish the statistical differences in pair-to-pair comparisons between groups A, B, and C. The significance mark error in Table 2-4 has been changed. The P-value in Table 5 is Fisher's exact probability value, and the statistical method is Fisher's exact probability method. In order to distinguish it from Chi-square test, it is indicated in the table as Fisher's exact probability value. Thank you very much for your modification.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The topic of this work is interesting. EPISBO is a common postoperative complication after surgery for colorectal cancer. If not treated in time, it can lead to short bowel syndrome, intestinal fistula, infection, and other serious complications. I would like to thank the authors for their efforts in collecting evidence about the clinical efficacy, first exhaust/defecation time, length of hospital stay, gastrointestinal decompression time, relief time of abdominal pain and relief time of abdominal distension among the transnasal intestinal obstruction catheter combined with panumglumine, transnasal intestinal obstruction catheter combined with liquid paraffin and oral treatment with meglumine for colorectal cancer and intestinal obstruction. It is well written and highly interesting. The study is well designed and presented with optimal analysis, discussion and tabulation display of data. Thank you for giving opportunity to review this study. However, the following points must be considered before publication. First, the table may require a more detailed examination, which can be presented more clearly. In addition, the sample size of this study is relatively small, and there are still limitations. The authors are invited to summarize the limitations of this study and the direction of further research in the future. I suggest that it could be published early on WJGS.

R: The table has been checked and the limitations and further research directions of this study have been added to the manuscript. Thank you very much for your modification comments.