

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14606

**Title:** Colonoscopy and deep pelvic endometriosis. Useful or not useful in the assessment of bowel involvement?

**Reviewer's code:** 02990702

**Reviewer's country:** Germany

**Science editor:** Jing Yu

**Date sent for review:** 2014-10-15 12:17

**Date reviewed:** 2014-11-12 23:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

Comments to Authors The topic of this paper regards to the diagnosis of endometriosis, especially when compromising the bowel or the rectum, a very challenging field. The authors mentioned at the beginning of the manuscript that the role of colonoscopy in the assessment of bowel involvement remains controversial. I don't completely agree with this affirmation, since the main guideline, which has been a reference point for best clinical care in endometriosis for years (ESHRE, Hum Reprod 2005; 20(10): 2698-2704) and the recent updated version (ESHRE, Hum Reprod 2014; 29(3):400-12) don't consider colonoscopy as a diagnostic tool for endometriosis, even for deep-infiltrating endometriosis (DIE) of the bowel or rectum. However, to the best of my knowledge, no one has shown in the literature so far the accuracy of colonoscopy as a diagnostic technique for DIE affecting the bowel in a prospective manner as the authors have well done in the present study. Therefore, I believe it would be of interest to have such work published and for that, some issues should be addressed and discussed before: 1. The authors mentioned that the patients included in the study had clinical and radiological diagnosis of DIE. My query is: Was the



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endoscopist blinded or did the endoscopist know about the previous radiological diagnosis? This information should be cited in the manuscript – methodology section. 2. The manuscript contains some grammar mistakes or has areas that do not flow nicely for the reader. With all due respect I would suggest asking a native English speaker in the field to review the manuscript and make relevant changes. 3. I think the title could be improved, for instance using the results and conclusions. The authors should be more direct here. This can help the chance for acceptance and also enhances the interest of readers. 4. In the ‘Conclusion statement’ I would suggest to mention that colonoscopy should always be performed in patients with intestinal symptoms such as rectal bleeding as the differential diagnoses are important in these situations. 5. Perhaps the authors could mention and compare the accuracy of new procedures with the purpose to diagnose bowel endometriosis like ‘virtual colonoscopy’ (J Minim Invasive Gynecol 2007; J Minim Invasive Gynecol 2013).

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**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14606

**Title:** Colonoscopy and deep pelvic endometriosis. Useful or not useful in the assessment of bowel involvement?

**Reviewer's code:** 02551733

**Reviewer's country:** United Kingdom

**Science editor:** Jing Yu

**Date sent for review:** 2014-10-15 12:17

**Date reviewed:** 2014-11-29 19:49

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is an interesting paper that adds to the literature. The authors need to clarify how the bowel endometriosis diagnosis was made. They need to clarify whether biopsies were taken or the diagnosis was made at bowel resection. They need to clarify how the colonoscopy influenced the extent of laparoscopic surgery. The method of diagnosis at surgery would affect the correlation. They have also confirmed that all cases of mucosal endometriosis were correctly identified. This might be considered a use of colonoscopy as some would consider this an indication for bowel resection. This paper needs some correction of the English and clarification of these points prior to publication.