

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1232

Title: Association between Helicobacter pylori infection and crohn' s disease-a retrospective single center study from China

Reviewer code: 00503587

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| CLASSIFICATION | LANGUAGE EVALUATION | RECOMMENDATION | CONCLUSION |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Grade A (Excellent) | <input type="checkbox"/> Grade A: Priority Publishing | Google Search: | <input type="checkbox"/> Accept |
| <input type="checkbox"/> Grade B (Very good) | <input type="checkbox"/> Grade B: minor language polishing | <input type="checkbox"/> Existed | <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"/> No records | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Grade D (Fair) | | BPG Search: | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E (Poor) | <input type="checkbox"/> Grade D: rejected | <input type="checkbox"/> Existed | <input type="checkbox"/> Major revision |
| | | <input type="checkbox"/> No records | |

COMMENTS

COMMENTS TO AUTHORS:

The manuscript by Xiang and colleagues assesses rates of infection with the gastric pathogen, *Helicobacter pylori*, in patients with Crohn disease.

General Comment: A number of reports illustrate that individuals with Crohn disease (CD) have lower rates of infection with this gastric pathogen. This work provides further evidence. Contrary to the suggestions of the authors, these data support the hypothesis that this infection is protective against the development of CD.

Comments:

1. This work focuses on the individuals with CD and controls. However, the authors comment that they had also diagnosed a group with UC. It would be value to include this as a third group –what are rates of *H. pylori* infection in this group also?
2. the authors must use bacterial names correctly, with standard format, including italics. Similarly, CD should be provided correctly –e.g. in the title and subsequently.
3. The Abstract should be revised for content, with shortening. This will improve readability.
4. There are many errors of English text and grammar throughout the manuscript, from Abstract onwards.
5. The Introduction needs a title. The Introduction covers key aspects, and is an appropriate length.
6. As mentioned, other members of the *Helicobacter* family are linked with the development of gut inflammation. In addition to the published work mentioned, there are several additional reports

showing that members of this wider family are found more commonly in people with IBD than healthy controls. However, these other members colonise the lower gut, rather than having a location limited to the stomach.

7. The methods are confusing, and should be revised to enhance clarity. The CD and control groups should be well described separately.

8. In regards the diagnosis of gastric infection, the Methods suggest oesophageal biopsy. This should be corrected.

9. The patients with CD were categorised according to disease location. However, upper gut involvement was not included. Given that patients had upper gastrointestinal endoscopies to exclude *H. pylori* infection, gastric and other gut involvement should have been obtained.

10. Arthralgia is not a major complication of CD. It is an extra-intestinal manifestation.

11. The methods could be shortened in several areas, including the details of UBT testing.

12. Lab reagents and companies (e.g. statistics programs) should include details of company and location in standard fashion.

13. The detail of the patients in the Results are confusing and should be simplified extensively.

14. On page 11, it is suggested that signs of inflammation are causes of CD. This should be corrected.

15. The Discussion is of an appropriate length, but should also be revised for clarity, with corrections of errors.

16. Tables 2 & 3 could be improved.