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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 64197

Title: Challenges in the diagnosis of intestinal neuronal dysplasia type B: A look beyond

the number of ganglion cells

Provenance and peer review: Invited manuscript; Externally peer reviewed

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: Brazil

Manuscript submission date: 2021-02-12

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-30 11:51

Reviewer performed review: 2021-03-31 13:24

Review time: 1 Day and 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	 [] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The title of this manuscript is interesting and challenging. As a gastroenterology, IND type B, is not a familiar term to us, unfortunately although we are interested in the etiopathogenesis of intractable constipation. As a gastroenterologist, I think this article is too long and distracted although I can fully understand that the diagnostic definition or criteria as well as the true existence of IND type B is not established yet, so the authors needed to explain them in detail. If you are generous to help us to understand the importance of new diagnostic criteria (because this journal is mostly for GI doctors), it will be better to summarize the uncomfortably long and many sentences about previous reference articles into a few table such as 1) comparison between Hirschsprung disease vs. IND type B, 2) New definition vs. previous definition history, 3) IHCs and their feature, and so forth. In addition, conclusion is likely to be indecisive. If you suggest the new presumptive diagnostic criteria with IHC, it will be more informative and understandable.