

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10470

Title: Pulmonary Manifestations of The Inflammatory Bowel Disease

Reviewer code: 00033010

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-02 16:06

Date reviewed: 2014-04-09 16:55

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 type="checkbox"/> Grade C (Good)	<input 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 TO AUTHORS

The paper of Xiao-Qing Ji et al "Pulmonary Manifestations of The Inflammatory Bowel Disease" is a review describing clinical respiratory involvement in IBD. The main quality of this paper is the highlight of a clinical aspect that is often underevaluated or unknown in IBD. However, several comments may be moved: ? The language is poor, and several missing words are present, so a major revision by a native speaker is necessary. ? Authors state that respiratory manifestations of IBD are rare, however they report few epidemiological data. Therefore, a table summarizing the main pulmonary manifestations of IBD and their incidence/prevalence could make the paper more interesting. ? The treatment of IBD-related respiratory disease is too vague. Authors should define which are the most effective drugs, their dose, and they should report if their statements are supported by clinical trials. Even a personal point of view based on personal experience is welcome. ? A paragraph describing pulmonary side effects of drugs commonly used for IBD (anti-TNF alpha, azathioprine, mesalazine) could be useful (see Caccaro R et al, World J Gastroenterol, 2013). ? The pathogenesis of thromboembolism is unclear. Authors should discuss in detail the pathogenesis of the increased cardio-pulmonary risk in IBD (see Principi M et al, J Crohns Colitis, 2013). ? Patients suffering from IBD often receive immunosuppressive drugs, and this is the reason of an increased risk of pneumonia and abscesses. This point has to be more largely detailed. ? Colo-bronchial fistulae: bronchi and colon are very distant organs, so the mechanism that leads to this particular fistulization appears to be almost unclear.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10470

Title: Pulmonary Manifestations of The Inflammatory Bowel Disease

Reviewer code: 00035826

Science editor: Ya-Juan Ma

Date sent for review: 2014-04-02 16:06

Date reviewed: 2014-04-13 15:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" 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 type="checkbox"/> Grade C (Good)	<input 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"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

A valuable and timely review which is generally well written. A better idea of just how common these problems are is needed with prevalence where available. When reporting rare diseases some statement as to how many cases there are in the world literature would be valuable. I think the review should start with the prevalence of abnormal pulmonary function tests in IBD populations. It is not enough to say they are common. Give some numbers. Is death from respiratory disease more common in IBD patients? There are a number of studies which explore cause specific mortality in IBD patients. More information on drug related lung toxicity would be welcome. Are there any high risk groups who should be having CXR to screen for lung abnormalities? Should we be screening patients for respiratory symptoms?