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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 11838

Title: Patterns of airway involvement in Inflammatory bowel Diseases

Reviewer code: 00043396

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-08 21:29

Date reviewed: 2014-06-14 20:22

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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a very interesting review of a relatively unknown topic amongst gastroenterologists. As such i recommend its publication as it is well written and researched.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 11838

Title: Patterns of airway involvement in Inflammatory bowel Diseases

Reviewer code: 00004485

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-08 21:29

Date reviewed: 2014-06-17 21:49

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input 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"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well-referenced compendious review of the multitude of pulmonary changes that can be seen in inflammatory bowel disease. 1. The reviewer has made some major corrections in the grammar that improve the readability of the manuscript. 2. The authors describe a plethora of pulmonary changes in IBD. There needs to be some better definition if all of these changes are the consequence of IBD and an altered immune system or whether there are patients with IBD and pulmonary disorders but these disorders are unrelated (true/true/unrelated). 3. The reviewer is struck by the plethora of pulmonary functional abnormalities in IBD. Can the authors define the clinical significance of these abnormalities? How often is an abnormal DLCO significant? How common is tracheobronchitis in IBD? What is the incidence following colectomy? The reviewer has seen a single documented case in the immediate post-colectomy period. In other words, is there a huge subset of IBD patients with clinically significant pulmonary disease who have not been diagnosed because their caregivers fail to recognize the pulmonary associations with IBD?



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Pathophysiology

ESPS manuscript NO: 11838

Title: Patterns of airway involvement in Inflammatory bowel Diseases

Reviewer code: 02940086

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-08 21:29

Date reviewed: 2014-06-27 00:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" 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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" 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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Review article "Patterns of airway involvement in inflammatory bowel diseases" deals with respiratory complications as part of extraintestinal complications that occur in patients with inflammatory bowel diseases. I have to say that a large part of the article is quite confusing and unsystematic so the text itself is quite difficult to follow. At the same time, it is a series of facts which are found almost in every textbook and there is no need to be repeated. On the other hand, the fact is that few years ago very high quality review article entitled "Pulmonary involvement and allergic disorders in inflammatory bowel disease " has been published (World J Gastroenterol 2010;16: 299-305). Given the references cited in the article "Patterns of airway involvement in inflammatory bowel diseases" it seems that there are no significant new data in this area that will justify the publication of this review article. CLASSIFICATION OF THE MANUSCRIPT: Grade D LANGUAGE EVALUATION: Grade C CONCLUSION: Not suitable for publication in the World Journal of Gastrointestinal Pathophysiology. THE REASONS FOR REJECTION OF AN ARTICLE: The related work has been recently published and only a few new points are added.

complication in IBD patients” 2) Page 7 second paragraph the sentence “Small case series ...lung biopsies” should be restructured. 3) Page 8: third paragraph the sentence “Thus, respiratory symptoms may occur....; on the contrary, pulmonary disease could be exacerbated instead of is exacerbated” 4) Page 8: the last paragraph; “When respiratory symptoms install acutely, probable diagnosis should include...toxicity. 5) Page 8 last sentence of the last paragraph” Bronchoscopy, as will be discussed furtherairway involvement arise” 6) Page 9 last paragraph” Decreased Forced Expiratory Volume, a clue to differentiate from asthma “should be restructured. 7) Page 11 First paragraph last sentence “Alternative diagnoses are ...” could be replaced by “Differential diagnoses are ...” 8) Page 11 the paragraph entitled Airway Diseases in IBD the sentence Aiway Disasese ...is rather inactive” should be restructured. 9) Page 12 second paragraph, third sentence “Because clinical.....to the upper airway” should be restructured. 10) Page 14, second paragraph the sentence “In this instance, a close temporal ... is well documented” should be restructured. 11) Page 14, second paragraph the sentence “In another study by other studies as well” sould be restructured. 12) Page 16, first paragraph “Macrolides have shown azithromycine is shown to inhibit epithelial to mesenchymal transition and fibrosis of the small airways 13) Page 16, first paragraph” Nevertheless, in cases of BOS and despite proper therapy lung transplantation may eventually be needed” 14) Page 16, second paragraph “After arthritis, asthma is the most common comorbidity found in both UC and CD 15) Page 16 last paragraph: “Another population study....and IBD”, I would drop the Another and only write “A population study....” 16) Page 17 the first two sentences could be rephrased as : “ Investigators found that COPD cases had ...extending to first degree relatives; including genetic variants of gene predisposing for disease.b Results suggesting a probable common pathway in IBD and COPD”[59] 17) Page 17 second paragraph” COPD in IBD patients ... treated accordingly.” 18) Page 17, last paragraph “A clinical approach....findings” could be rephrased as “ A clinical approach... as the di