

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 20830

Title: Natural history of uncomplicated sigmoid diverticulitis

Reviewer's code: 00504187

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2015-06-26 13:01

Date reviewed: 2015-07-04 19:24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input 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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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 paper concerning the natural history of sigmoid diverticulitis is named "a review" but indeed has very few characteristics of it. Should it be considered a comprehensive review? The data to justify this definition are scanty. From the beginning, this seems to be an interesting paper. However, continuing to read it, it appears mainly a reiteration of the study already published, and cited in the references, by the same authors in 2013 on British Journal of Surgery. The same results are reported, even the registration number of the trial. Nothing is said about the criteria of the review and, apart definition of diverticulitis, no methods are reported. Statistical analysis is lacking and the title is not justified on these basis. At the end, it is surprising that the data cited to describe the natural history of sigmoid diverticulitis, are mainly coming from the previous cited study. The definition of diverticulitis is in agreement with the criteria coming from the previous cited cohort study, which should indeed be evaluated and possibly compared with other studies in the literature. In my opinion, this paper has two main reasons to be rejected It is not a review It is mainly a report and discussion of results already published 2 years ago by the same authors.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 20830

Title: Natural history of uncomplicated sigmoid diverticulitis

Reviewer's code: 00503612

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2015-06-26 13:01

Date reviewed: 2015-06-26 20:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<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

Thank you for the opportunity to review the manuscript for the natural history of simple sigmoid diverticulitis. A few comments/questions 1. In general, this is well written, straight-forward and well organized. 2. Would change the table 1 to Studies evaluating THE natural history of acute diverticulitis. 3. Figure 1--would need to have a legend that suggests what you classify/define as simple and complex. 4. The terms in Table 1 (mono centric, bicentric) are not widely used and should likely be changed. 5. What about the role of anti-inflammatory (along the spectrum of IBD) agents (aminosalicylates) for the treatment of simple or nothing alone? 6. There are updated guidelines (2014 ASCRS) that discuss the recommendations for things like number of attacks and age and would suggest to highlight those instead of older recommendations.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 20830

Title: Natural history of uncomplicated sigmoid diverticulitis

Reviewer's code: 02700028

Reviewer's country: Mexico

Science editor: Jing Yu

Date sent for review: 2015-06-26 13:01

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<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

I read with great interest the article by Buchs et al, entitled Natural history of uncomplicated sigmoid diverticulitis. The aim of their study is important, since most of Diverticulitis reports include the complicated forms of the disease. One of major concerns in patients with diverticulitis is the risk of recurrence. The authors have stated that the recurrence rate ranges from 13% to 47%, although the risk of developing a complicated second episode is less than 2% to 5%. On the Introduction section, the authors mentioned that "it is recommended to eventually perform a full colonoscopy, in order to rule out cancer or inflammatory bowel disease". Since this is mentioned in the context of the diverticulitis approach, one recommendation would be to make clear that such colonoscopy should be done after the acute attack, as mentioned in page 6: "All patients were encouraged to undergo routine colonoscopy eight to twelve weeks after the first attack, in order to rule out malignancy". On the section of Definitions, the authors mentioned a definition of simple diverticulitis, which I understand it was already published (Ref. 21). However, the fourth criterion, "Endoscopic: to document the presence of diverticula and rule out another associated condition" appears not to be a diagnostic criterion but a diagnostic strategy instead. On page 8, the authors address the interesting

“apparent” risk factor for recurrence constituted by young age. And indeed, there is currently no evidence that younger patients should be treated different than older patients. But, is a different treatment strategy recommended by others based on the possibility of a more aggressive course? Or is it because of the increased risk of recurrence based on a longer life expectancy? On pages 8 and 9, the authors mentioned the recently proposal of a CRP >50 to be included in the diagnostic criteria for sigmoid diverticulitis. Although this was already published (Ref. 21), was the cutoff point adequately validated? It would be adequate to mention the accuracy of the cutoff value. The authors are encouraged to add the unit measure whenever a quantity of CRP is mentioned. On page 9, the authors mentioned that the natural history of sigmoid diverticulitis is benign in >95% of cases, which seems pretty obvious, was this number calculated upon the studied on Table 1? If so, how was it calculated?