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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17063

Title: Surgical Strategies in Paediatric Inflammatory Bowel Disease

Reviewer's code: 00503513

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-02-10 16:21

Date reviewed: 2015-03-04 01:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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 is a well-written review on surgical options in pediatric IBD patients. Major points: The paper should have an abstract. The chapter pathogenesis does not contribute to the "surgical strategies". You should transform the chapter on diagnosis and medical management on "potential interference of medical therapies with surgery outcome". Chapter Surgical management of UC: in this chapter you treat both sexes equally; you should mention that girls with IPAA will experience a reduction in fertility (or at least state that this issue will be discussed in "ileorectal anastomosis").

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17063

Title: Surgical Strategies in Paediatric Inflammatory Bowel Disease

Reviewer's code: 00189619

Reviewer's country: Israel

Science editor: Ya-Juan Ma

Date sent for review: 2015-02-10 16:21

Date reviewed: 2015-02-24 06:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a very well written and comprehensive review of the subject. I have only minor comments: 1. Introduction: "Ulcerative colitis (UC) classically presents as mucosal inflammation of the rectosigmoid (distal colitis), variably extending in a contiguous manner more proximally through the colon but not beyond the caecum (pancolitis)"- it should be modified since there can be backwash ileitis. 2. Pathogenesis: The genetic predisposition is rightfully underscored, but we do know that enteric microbiota is important for IBD involvement and this should be more emphasized in the pathogenesis section. In addition, the prevalence of serologic markers, such as ASCA, c-bir, anti Omp-C should be mentioned in this context and should also be mentioned in the "Diagnosis" section and as tools used for disease classification and prognosis including complications that could lead to a surgical intervention. 3. Classification: The Paris classification that is mentioned in the "Surgical Management of Crohn's Disease" should also be mentioned here. 4. Medical management: The authors discuss the importance of thiopurine therapy in IBD, but should mention that this should be weighed against the dreadful complication (although uncommon) of lymphoma and specifically hepatosplenic lymphoma which is more prevalent in young boys exposed to this therapy. 5. Surgical



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management of UC: a diagram or an illustration of SIAA and of IPAA would be beneficial to the readers. 6. Acute Severe Colitis: "The management of children presenting with acute severe colitis (ASC), defined by requirement for intravenous steroid therapy...". This definition is not accurate and should be modified. Severe acute ulcerative colitis is usually defined by the original classification by Truelove and Witts. They suggested six or more bowel motions per day associated with one or more of the following: temperature $>37.8^{\circ}\text{C}$, large amounts of rectal bleeding, heart rate >90 beats per minute, haemoglobin of <10.5 g/dl or an erythrocyte sedimentation rate (ESR) >30 mm/h were indicative of severe colitis.