

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 11264

**Title:** Surgical Management of Colonic Stricture and Contained Perforation due to Ulcerative Colitis Flare During Pregnancy: Report of a Case.

**Reviewer code:** 00069461

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-13 08:56

**Date reviewed:** 2014-05-17 16:54

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" 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

Authors report a case of a surgically treated complicated during pregnancy(ESPS Manuscript NO: 11264).They successfully managed a case of complicated UC in pregnancy and this information is important. But which method did she go on to deliver a healthy infant? Caesarean section or vaginal delivery? References should be written according to information to authors. Please provide PubMed citation numbers for the reference list, e.g. PMID and DOI. Overall study appears to be contributory to the current literature and the manuscript is quite well-written. The language is good. Total length of the manuscript appears to be optimum. As a conclusion, the manuscript could be accepted in order to be published in your journal after completing the above revisions. Yours sincerely.

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**ESPS manuscript NO:** 11264

**Title:** Surgical Management of Colonic Stricture and Contained Perforation due to Ulcerative Colitis Flare During Pregnancy: Report of a Case.

**Reviewer code:** 02945445

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-13 08:56

**Date reviewed:** 2014-05-20 23:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> 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 checked="" 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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors present management of a case of severe UC in pregnancy with a brief review of the literature. Several points need clarification: 1) In the introductory paragraph, failure of medical management should be included in the surgical indications (as this is the most common reason) 2) The authors suggest that the literature that exists suggests minimal morbidity. There is a confounding factor in that both minimal literature exists (which the authors mention), but more importantly there is a tendency to underreport bad outcomes. 3) It would be nice to include additional information about the patient's pregnancy history. How many previous pregnancies? Does she plan additional pregnancies? All these can play into the decision tree regarding ultimate management. 4) The authors mention that a stricture was identified and biopsied (no malignancy). In the setting of chronic UC, this is extremely concerning. Why was no attempt at repeat biopsy or additional study done at that time? This should be considered a malignancy until proven otherwise. 5) The patient was managed with mesalamine and prednisone. Was any consideration given previously in her treatment course to use of a TNF? She clearly was not under control and thus inadequately treated medically. 6) A CT scan was done in pregnancy. Why not use an MRI to avoid radiation exposure in pregnancy? 7) The authors mention that there was inflammation only in the mucosa of the mucosa and rectum, but no rectum was contained in the initial specimen (divided at mesorectal junction). This is confusing and should be revised. 8) If the patient did plan future pregnancies, what was the discussion regarding



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future pregnancy rates? 9) The authors mention that they decided to operate after development of a stricture. This should have been addressed before she became pregnant, as the stricture was known about previously. This could have avoided a potentially life threatening problem for both the mother and the fetus.

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**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 11264

**Title:** Surgical Management of Colonic Stricture and Contained Perforation due to Ulcerative Colitis Flare During Pregnancy: Report of a Case.

**Reviewer code:** 00040631

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-05-13 08:56

**Date reviewed:** 2014-06-06 21:22

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

Thanks for asking me to review this interesting paper, which merits publication. The only criticism is about the type of operation performed. As ulcerative colitis mainly affects rectosigmoid, and literature reports demonstrate that partial large bowel resection does not achieve a radical treatment, the authors should explain why they left both the caecum and the sigmoid in situ. Avoiding a rectal resection in a pregnant woman is understandable, as this surgical step is demanding and riskful, but why not remove the caecum and the sigmoid? It would have been a relatively simple surgical manoeuvre. Moreover, the authors should state, at the end of the paper, that they recommended frequent rectal biopsies after delivery, as the risk of dysplasia and cancer in the rectal stump is consistent in a long-standing ulcerative colitis. Best regards Mario Pescatori MD, FRCS, EBSQ