



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70267

Title: Laparoscopic approach for managing intussusception in children: Analysis of 65 cases

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03034605

Position: Editorial Board

Academic degree: MBBS, MCh, MD

Professional title: Assistant Professor, Attending Doctor, Chief Doctor, Consultant Physician-Scientist, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-08-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-02 11:12

Reviewer performed review: 2021-08-09 02:26

Review time: 6 Days and 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection



Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors have presented a retrospective study of pediatric intussusception cases treated by laparoscopic approach. I have following comments regarding the manuscript.

1. Abstract - Please mention the number of patients requiring bowel resections in the Results section of Abstract. Also, modify the conclusion as 'Laparoscopic approach for pediatric intussusception is feasible and safe. Bowel resection if required can be performed by extending umbilical incision without the conventional laparotomy.'
2. Methods - First mention the indications and contra-indications for laparoscopic surgery for pediatric intussusception followed at your center. Then mention the inclusion and exclusion criteria to select the patients for this study. Also, mention whether consecutive cases were included in this study. Please mention whether all the cases were operated by the same surgical team or different teams. There are lot of grammatical mistakes in the description of the surgical method. Please edit them to make it more clear.
3. Results - Please analyze the factors associated with conversion to open such as age, duration of symptoms, etc.
4. Please mention if intraoperative colonoscopy was performed to facilitate reduction of intussusception or examination of the ileal mucosa.
5. Please mention the reasons why bowel resections were not performed laparoscopically in complicated cases.



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Peer-review model: Single blind

Reviewer’s code: 06087394

Position: Peer Reviewer

Academic degree: Doctor, DPhil

Professional title: Doctor, Research Scientist

Reviewer’s Country/Territory: Switzerland

Author’s Country/Territory: China

Manuscript submission date: 2021-08-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-02 10:04

Reviewer performed review: 2021-08-11 07:00

Review time: 8 Days and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

These research would be more sound if it would have more sample size. May be including cases from other hospitals/regions in the country.



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Peer-review model: Single blind

Reviewer's code: 06106925

Position: Peer Reviewer

Academic degree: MD

Professional title: Surgeon

Reviewer's Country/Territory: Colombia

Author's Country/Territory: China

Manuscript submission date: 2021-08-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-03 14:25

Reviewer performed review: 2021-08-14 02:24

Review time: 10 Days and 11 Hours

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Very well written, few grammar mistakes. Interesting article, with a substantial number of patients for a single-center study. Here are some specific insights: 1. In the abstract: a) Regarding the background: Surgery is not the only way to treat Intussusception. If there are no clinical signs of peritonitis and the patient is not hemodynamically unstable, treatment through ultrasound-guided hydrostatic reduction can be attempted. b) The conclusion appears to leave aside the non-complex cases and, according to your results, it is safe not only in complex conditions. With your results, it can be stated that, in general, it is a safe approach, even in complex cases. 2. In the Complete text: a) In the introduction: The word segment repeatedly appears in the first sentence of the paragraph; variety can take place, replacing one of them with the word "part." Also, the word traditional though it is a correct translation to English, the word conventional best fits the academic medical language. b) In Materials and methods: The last sentence can be rephrased to an active voice like this: The committee waived the requirement for informed consent because of the study's retrospective nature. c) Well detailed surgical method, although this sentence is unclear: "The transverse was first searched for colon under the liver and then for the intussuscepted mass along the transverse colon." d) Results and discussion are well structured and have interesting insights regarding the advantages and disadvantages of laparoscopic surgery in this pathology. e) In the discussion, could be included a review whether the intestine fixation to the abdominal wall can be an associated risk factor for volvulus in the long run 3. In the Conclusion: a) The sentence: "and if an extension of the umbilical incision is used if needed." Has a grammar mistake, the first "if" must be erased for the sentence to have the correct



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meaning. b) Among the conclusion, it may be stated that after a failed endoscopic reduction attempt, the laparoscopic approach is a feasible alternative. 4. The manuscript is appropriately structured and serves its purpose. Prospective multicenter cohort studies may use this research as a starting point.