

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 81512

**Title:** Postoperative diarrhea in Crohn's disease: Pathogenesis, diagnosis, and therapy

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03729678

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** France

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-11-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-14 12:42

**Reviewer performed review:** 2022-11-16 15:13

**Review time:** 2 Days and 2 Hours

<b>Scientific quality</b>	<input 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 checked="" type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

In this paper, authors propose a list of situations or “causes” which may be more or less frequently associated with diarrhea in patients who had surgery for Crohn’s disease. Their second (and short) paragraph concerns “evaluation of diarrhea” and the third paragraph (also very short) lists some of the treatments but not how to choose them and associate them. Many patients have diarrhea after surgery for Crohn’s disease. However, the situation is heterogeneous. Different surgeries can be performed, the most frequent one being “short” ileocecal resection. A short ileocecal resection does not have the same consequences, risk of diarrhea, and mechanisms for diarrhea that a long ileal resection or a colonic resection. Authors should describe these situations separately (for example with description of the consequences on the bile acid metabolism). Diarrhea may be transient or permanent, it may occur immediately after surgery or after a while.

Specific comments

1. Abstract: The term “postoperative Crohn’s disease” does not correspond to a disease and should be avoided
2. Introduction: reference 2 presents total colectomy and other references should be used to describe the frequency of diarrhea after the various surgeries
3. Introduction: I am not sure that the authors are right when they claim “proper treatment of postoperative diarrhea may affect the risk of postoperative recurrence” Do they have references to quote there?
4. Chapter 1.1: The following sentence could be rephrased “It is well known that CD usually occurs in the ileocecal region”.
5. Chapter 1.1: the link between the dysbiosis observed after ileocecal resection for CD and SIBO is not established and the reference provided here (a review on SIBO) is not accurate enough.
6. Chapter 1.1: 3 lines before end : which hormones ?
7. One line below: Which specific bacteria?
8. Chapter 1.2: what do authors mean by “stimulation of high colonic amplitude?”
9. Chapter 1.2: Where are the “BA levels



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significantly reduced in patients with IBD” please clarify the site of sampling and the type of BA (primary, vs secondary, conjugated?, sulfated?) 10. Chapter 1.3: the frequency of “edema due to malabsorption, lipase deficiency and lactase deficiency” should be expressed. 11. Chapter 1.5: Discussion of early recurrence of CD after ileocecal resection should be presented in more details. How do you define it? (“early” vs “late” How do you diagnose it? How do you treat it? 12. Chapter 1.6: The frequency of short bowel syndrome in CD should be provided as well as the specific management of this situation 13. 1.7: I am not sure that “infection at the incision site may slow down recovery of intestinal function”. Authors should provide details on the frequency of the problem and the ways to handle it when it occurs. 14. Reference 14 is incomplete

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**Peer-review model:** Single blind

**Reviewer's code:** 02531417

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

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**Review time:** 7 Days and 19 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Authors presented the important topic, postoperative issue in Crohn's disease. It is interesting, however, it has some serious concerns. 1. Authors suggested several reasons of diarrhea. it may be complicating when each issue is simply described. Please summarize them using new Table. 2. I would like to read Crohn's disease related issues in more detail. 3. A few images of these issues to express the details may be recommended.

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**Peer-review model:** Single blind

**Reviewer's code:** 02941507

**Position:** Editorial Board

**Academic degree:** FACG, FEBG, MD, PhD

**Professional title:** Associate Professor, Staff Physician

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** China

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**Reviewer chosen by:** AI Technique

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**Reviewer performed review:** 2022-11-21 10:49

**Review time:** 4 Days and 18 Hours

<b>Scientific quality</b>	<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
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

• This is an interesting and comprehensive review that explores the causes, underlying mechanisms, and management of postoperative diarrhea in patients operated on for Crohn's disease. The review is expected to assist the clinician in making the correct diagnosis and taking appropriate therapeutic decisions in the operated Crohn's disease patients.

• I would like the authors to mention some data regarding the risk of post-operative endoscopic recurrence in CD (90% by one year, Buisson et al 2012;35:625-633), the few symptoms appearing in the early stages, 35-50% developing clinical manifestations including diarrhea by five years (Rutgeerts et al Gastroenterology. 1990;99:956-963) and that histological disease activity in an endoscopically normal neoterminal ileum may occur as early as one week after surgery (Rutgeerts et al Gastroenterology 1990;99:956-963, Olaison et al, Gut 1992;33:331-335).

• I would like the authors to outline (in a relevant figure) the underlying mechanisms of diarrhea in cases of bile salt malabsorption.

• The term diversion colitis (DC) is usually used in cases of resection of descending and/or sigmoid colon, in which the remaining rectum is either buried in the abdomen or externalized as a mucinous fistula. As a consequence of the absence of feces, SCFAs (which are the source of the left colon mucosa cells) are absent in the rectal or rectosigmoid energy stump, resulting in the appearance of an inflammatory process which may not substantially differ from the inflammation appearing in ulcerative colitis. I would like the authors to refer in more detail and more precisely to this interesting entity both, from a clinical and a therapeutic point of view (e.g. acetic, propionic, and butyric acid solution enemas).

• Is there any role for pro/pre/synbiotics in the treatment of postoperative diarrhea in Crohn's disease?