



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 86244

**Title:** Benefits of laparoscopy-assisted ileostomy in colorectal cancer patients with bowel obstruction

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

**Peer-review model:** Single blind

**Reviewer’s code:** 03478911

**Position:** Associate Editor

**Academic degree:** PhD

**Professional title:** Chief Technician, Executive Vice President, Research Assistant Professor

**Reviewer’s Country/Territory:** South Korea

**Author’s Country/Territory:** Taiwan

**Manuscript submission date:** 2023-06-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-06-15 07:35

**Reviewer performed review:** 2023-06-21 10:14

**Review time:** 6 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 checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No novelty



<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 statements</b>	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 laparoscopy-assisted ileostomy is well-established surgical procedure that does not need to highlight its advantages. Further, it is questionable whether the advantages claimed in this paper are clinically meaningful.



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**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:** Taiwan

**Manuscript submission date:** 2023-06-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-06-22 02:48

**Reviewer performed review:** 2023-06-24 02:20

**Review time:** 1 Day and 23 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>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty



<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 statements</b>	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 conducted this study to compare the outcomes of laparoscopic versus open ileostomy construction for colorectal cancer. But I fail to understand in which condition a surgeon performs ileostomy with the resection of the cause of bowel obstruction. So the main determining factor to consider open or laparoscopic surgery is whether the primary cause of the bowel obstruction can be resected laparoscopically or by open technique. Subsequently the ileostomy will be constructed using the same technique. Secondly, if one has to construct only ileostomy then one would obviously prefer laparoscopy over open unless the bowel loops are too much distended to preclude safe entry of laparoscopic instruments.