

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2815

Title: Strategy for massive presacral bleeding during rectal surgery: From anatomy to clinical practice

Reviewer code: 00721881

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-03-19 11:26

Date reviewed: 2013-03-23 20:26

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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

Thank you for your contribution. This article outlines two techniques to deal with presacral haemorrhage. Literature review indicates a large body of work on this topic already. Often the more techniques described equates to a lack of a gold standard of care, which can be problematic in whatever field. This is worth mentioning and the small cohort of patients mitigates from the overly definitive management algorithm suggested in the figures. Overall this manuscript reads fairly well but is often repetitious. Should be more succinct. There are a number of grammatical errors to correct as well, only some of which I can mention in detail and a general comment that once a tense is chosen it should be used throughout (i.e. past or present) – it is frustrating to jump from one to the other. This would improve the readability of the document. E.g. Abstract Background – report not reported; describe not described; remove the prior to epiploic appendices; welding not welting; removed ‘massive presacral’ and ‘which’ in last line to read ‘...’ for controlling two different types of bleeding based on the anatomy...’ Methods – remove entire last two sentences. This is methods. Not results. (i.e. beginning ‘the first two patients with low rectal..’) Results – remove first sentence. Change are to were in second sentence Conclusions – from THE presacral venous plexus Main text Intro – u have not defined massive haemorrhage? What is massive? - The gold standard not a golden standard - Based on the anatomy of the presacral.. (amending your grammar improves the flow of the paper) Methods



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- Table not table - Use indefinite article or definite if indicated e.g. a junior associate not just junior associate; this error is replicated throughout with missing a or the terms. Please correct Results - similar comments re: tenses and readability - The sentence startin following this in first paragraph does not make sense. - Second para: where was felt like a pitting? Again, not good English. Doesn't make sense Discussion - commonly not common - The expectation that..remove sentence - Tenses - Readability needs improving in descriptive parts - E.g. 'hemostatic agents may be considered...' makes no sense - are you saying these agents are used when other techniques have succeeded anyway? Are there missing words here? Figures are of good quality. I have mentioned the point about algorithm. Few legend errors e.g. fig 2 B they should be and; fig 4 - presacral If these changes are made and some care is taken to improve the grammar/readability, this could be accepted as a case report. For future reference for the authorship, please be diligent in checking grammar, fluency and so forth prior to submission as it severely affects the chances of publication. I took the time to read through but I know other reviewers may not do so.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2815

Title: Strategy for massive presacral bleeding during rectal surgery: From anatomy to clinical practice

Reviewer code: 00505483

Science editor: h.h.zhai@wjgnet.com

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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"/> Existed	<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)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

This is an interesting case report that suggests some tricks on the management of a severe, although not frequent, complication of rectal surgery. I have no major revision but some minor revisions: - there are some language mistakes. I would suggest English editing by a native-speaking Introduction: when they mention the other proposed techniques of haemostasis they should also quote Ref. N° 16-17-18 that present quite similar methods to the two here reported. Also, the authors assert that their strategies are original but Ref. N° 16 report a method of suture ligation, so they should explain in what their method is different from the one from Ref 16. Discussion: too long for a case report. I would try to summarize it Table 4: I don't understand why they correlate the bleeding patients with the presence or absence of neoadjuvant therapy. I would rather draw a general table with more information about tumor staging, distance from the anal verge, number of recurrences, number of reoperation for recurrences etc. Also I'm surprised of the low rate of neoadjuvant treatment in this series and of the significantly higher proportion of recurrences in patients that received neoadjuvant radiotherapy (9/114) compared to those without RT (12/1463). Maybe these two aspect should be better clarified by the authors