

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2599

Title: Intractable Crohn' s Disease: consider different diagnosis!

Reviewer code: 00227553

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-03-03 18:52

Date reviewed: 2013-03-07 04:59

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 and is presented well by the authors. My comments/suggestions are listed below: 1. TITLE: The title should clearly state that this is a case report about CD and associated TA. Your title suggests that a d/d of TA or other conditions should be considered in intractable CD. However, your patient was diagnosed with TA after he presented with an entirely new set of symptoms that occurred 1-year after initial diagnosis of CD. 2. INTRODUCTION: I am not sure if CD can be considered a rare condition. It may be worthwhile mentioning at this point that almost 1 in 10 patients with TA may develop CD or CD-like colitis. 3. CASE PRESENTATION: It is not described if the previous medical record (radiology, pathology, history and physical exam) was reviewed for evidence of vasculitis at initial presentation. It may be likely that patient presented with signs and symptoms of gastrointestinal vasculitis, which was diagnosed as CD due to prominence of gastrointestinal symptoms. 4. DISCUSSION: Seems appropriate for a case report, except that you only quote reference 8 to support that CD precedes TA in majority of cases, whereas this was more strongly observed in reference 5. Additionally please discuss if TA may represent an extra-intestinal association of CD.