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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4755

**Title:** Conservative treatment of early postoperative small bowel obstruction with obliterative peritonitis: 3 years follow-up

**Reviewer code:** 00003361

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-22 13:54

**Date reviewed:** 2013-08-04 06:17

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

## COMMENTS TO AUTHORS

This is a randomized trial of standard therapy (TPN and NG suction) and somatostatin and dexamethasone given for one week compared with standard therapy alone for the treatment of early postoperative small bowel obstruction (EPSBO). The study took place at a single center and included 70 patients randomized between 2002 and 2009. Major findings: treatment with somatostatin and dexamethasone resulted in reduced NG output, shorter duration of NG tube use, earlier recovery of bowel function, and shorter length of stay, without increase in complications. Specific comments: 1. The abstract and introduction should be revised to make clear what the aim of the study is. For example, the aim of the study was not to evaluate conservative therapy as stated. The aim was to evaluate the effects of somatostatin and dexamethasone in addition to standard therapy for promoting the resolution and symptom control of EPSBO. Again in the conclusion in the abstract and at the end of the discussion, it should state: "Treatment with SS and DM in EPSBO with obliterative peritonitis reduces the time to resolution of obstruction as well as the length of hospital stay without increased the relapse of obstruction compared with standard conservative therapy." In the conclusion in the last paragraph of the discussion should not refer to "conservative therapy" but to the actual treatments. 2. Methods- the section should be revised and changed to past tense throughout. Also please indicate if terminal disease or presence of metastatic cancer was an exclusion. 3. Results Table 2: please include the number of patients with abdominal malignancy in each group. 4. Results page 7: remove "NG depression" and insert "NG tube use". 5. Add to the limitations in the discussion is the fact that the study was non-blinded and the physicians were aware of what therapy each patient had. 6. Figure 3 - please increase the size of the arrowhead in the



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figure. 7. Table 3 footnotes: please define “postoperative satisfaction>3”.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4755

**Title:** Conservative treatment of early postoperative small bowel obstruction with obliterative peritonitis: 3 years follow-up

**Reviewer code:** 00224495

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-07-22 13:54

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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 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
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<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 TO AUTHORS

1. This article is a prospective study, but there is no mention of an end point of the study. Please state primary and secondary end point of the study in the method section. 2. Even though the patients enrolled in this study were unable to be definitively diagnosed with EPiSBO through surgery, the authors should show the differential diagnosis in the methods/patients section between EPiSBO and other small bowel obstructive diseases, which have similar clinical manifestations on patient's clinical presentation, physical examination findings, and medical history and findings of plain film and CT, such as intestinal pseudo-obstruction, partial mechanical bowel obstruction, paralytic ileus after abdominal surgery, mesenteric ischemia. I recommend the authors state how they were able to make a differential diagnosis on the basis of only these clinical parameters. 3. The authors stated that the patients with mechanical bowel obstruction, paralytic ileus, or idiopathic pseudo-obstruction were excluded in this study, but patients suffering from EPiSBO most definitely have partial mechanical bowel obstruction. Please elaborate on this. 4, The authors frequently went back and forth using their abbreviations, such as postoperative small bowel obstruction with obliterative peritonitis (EPiSBO), somatostatin (SS) and dexamethasone (DM).



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4755

**Title:** Conservative treatment of early postoperative small bowel obstruction with obliterative peritonitis: 3 years follow-up

**Reviewer code:** 00009417

**Science editor:** Song, Xiu-Xia

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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 TO AUTHORS

The clinical study investigates the benefit of somatostatin and dexamethason treatment in early postoperative small bowel obstruction with obliterative peritonitis. Comments: Patient's long time follow-up is evaluated with a 4-point scale. The criteria to categorize each point should be further characterized. Abbreviations are not in line. EPiSBO and EPSBO, where are the differences?