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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: 5620

Title: Surgery for luminal Crohn's disease

Reviewer code: 00538743

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-09-17 17:01

Date reviewed: 2013-09-17 22:35

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input 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	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

A very well written and structured paper and it will certainly be published. However, regarding to recurrence rate after coloproctectomy (page 18), the discussion should be more balanced. The risk of recurrence above the permanent ileostomy was estimated at 30% at 10 years in a recent study. In the same study, 44% of the patients who experienced clinical recurrence underwent re-operation despite medical treatment. So, an end ileostomy is probably not the end of the story for CD patients and your discussion should reflect this. Page 21: The following sentence is quite difficult to understand "The incidence of post-operative CD was significantly higher in CD patients (41%) than UC patients (11%)". Please, explain or modify.



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ESPS Manuscript NO: 5620

Title: Surgery for luminal Crohn's disease

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Date reviewed: 2013-09-25 05:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well written, sensible, practical summary of the place of surgery in the management of luminal Crohn's Disease. It might have been useful for the reader to have been guidance on (1) pre-operative assessment and preparation (use of immunosuppressives; elimination of sepsis; pre-operative nutrition) (2) intra-operative decision making (re emergency presentations - when is an anastomosis safe in presence of peritonitis; what should be done when confronted with a patient who has peritonitis due to a perforated segment of Crohn's disease but who also has multiple proximal strictures; when should a gastrostomy tube be placed intra-operatively for post-operative enteral nutrition) (3) What need to be considered post-operatively (use of immunosuppressives; follow up colonoscopy; timing of reconstructive surgery)



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ESPS Peer-review Report

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Date reviewed: 2013-10-05 19:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<input type="checkbox"/> Grade B (Very good)	<input 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

A very well written review on an important subject. I have suggested some minor modifications and additions that although seemingly many would enhance quality and readership given that this paper should find a wide readership with surgeons and gastroenterologists specialising in IBD.



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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

It is a nice and well written review paper on surgery in Crohn's disease. A part a few changes regarding number and percentage presented, such as that in page 21 about incidence of postoperative Crohn's diseasethan UC patients (?). Moreover, I also suggest to mention the possibility that the new biological treatment has been changed the natural course not only of the disease itself, but also concerning surgery therapies.