

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8700

Title: Transmesosigmoid hernia: a case report and review of the literature

Reviewer code: 02744085

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 20:09

Date reviewed: 2014-01-03 23:15

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	<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 manuscript is well discussed and an excellent report on very rare internal hernia. However, enhanced CT and MDCT(multi-detector CT) is very useful for its diagnosis for ischemic internal hernia. There are many reports on laparoscopic approach as first step on surgery. But There are no comments in this discussion.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8700

Title: Transmesosigmoid hernia: a case report and review of the literature

Reviewer code: 00183238

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 20:09

Date reviewed: 2014-01-13 20:03

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

Good case report. Needs some minor english language changes before publishing it

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8700

Title: Transmesosigmoid hernia: a case report and review of the literature

Reviewer code: 02840011

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 20:09

Date reviewed: 2014-01-21 00:28

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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In the case report author describe a case of 59 years old man with previous history of external hernia surgery who presented signs and symptoms of small bowel obstruction as a result of transmesosigmoid hernia. After the early laparotomy the patient made a good recovery . Although I believe the study is well written. There is some concerns with the study. The authors believe that this report highlights the importance of mesosigmoid hernia as a cause of small bowel obstruction. The most common causes of small bowel obstruction are post – operative adhesions and abdominal wall hernias.these are always must consider firstly. An internal hernia is estimated to account about 1-2 % and mesosigmoid hernia is 5% of all internal hernias. 'Without a previous history of surgery other less common causes such as mesosigmoid should be considered'. In many place of the article the author highlights the point ' We suggest that surgeons should maintain a high index of suspicion for transmesosigmoid hernia in patients without history of surgery or abdominal inflammation' the author must consider that their case have an previous surgery.Absence of previous surgery with no external hernia should raise suspicions at the diagnosis. The author believe that the case presented is congenital origin. I have suspicious of this.An internal hernia is defined as an protrusion of the abdominal viscera into one of the fossae, it is congenital or acquired defects.Intramesosigmoid and intermesosigmoid hernias are likely to be more congenital. There is no strong evidence of congenital for transmesosigmoid hernia. As we know the there is published cases of diagnosed mesosigmoid hernia at postpartum period and another case of mesosigmoid hernia after pneumoperitoneum during laparoscopic approach. King et al. described also theory that primary peritoneal inflammation followed by adhesions and fibrosis could cause sigmoid mesenteric defects . Origin of the defect remains unknown. Because there was history of previous surgery in author's case, mesosigmoid



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defect could suggests a traumatic cause. I advice you to read the article (journal of taibah university medical science (2013), 8(3) 180-182 In this article they report a case of sixty year old man who presented with an irreducible right inguinal hernia associated with vomiting and abdominaln pain. The patient went on diagnostic laparotomy . and they revealed a loop of intestine herniating through a tight defect sigmoid mesocolon. And they conclude it was an mesosigmoid hernia caused by right inguinal hernia. As your patients history of right inguinal hernia surgery make doubts of your congenital theory. 'Transmesosigmoid hernia is previously considered as a rare condition and the clinical presentation is nonspesific' the authors must consider that this is a case report.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 8700

Title: Transmesosigmoid hernia: a case report and review of the literature

Reviewer code: 00504727

Science editor: Qi, Yuan

Date sent for review: 2014-01-03 20:09

Date reviewed: 2014-01-22 08:18

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 checked="" type="checkbox"/> Major revision
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COMMENTS TO AUTHORS

The authors present an interesting case report of a patient presenting with an SBO from internal herniation through a mesocolon defect. This is an unusual type of hernia that deserves attention in order for surgeons to be aware of such rare conditions. There are some issues with the case report that need addressing: ? Minor grammar changes throughout should be reviewed and corrected (e.g. run-on sentences, tense, etc). ? The clinical case report itself is incomplete. Was any bowel resected? Did you run the bowel and evaluate the entire abdomen? Were there any other defects? What was the operative data (e.g. blood loss, operative time, etc)? How did the patient do postoperatively (length of stay, time to bowel function, time to oral intake, complications, etc)? ? There are contradictory statements on page 6. You mention that "imaging tests (are) nonspecific," yet you state "CT provides reliable information." ? CT scans showing dilated proximal loops with decompressed distal loops are the hallmark of an SBO, not necessarily one from an internal hernia (your CT criteria #1) ? Page 7: Citations should be listed for statements regarding orifice diameters and risk of incarceration/strangulation. ? Page 7: Please clarify the following confusing sentences: "When the defect is from 2 to 5 cm in diameter, it is highly unlikely to restore (change to resolve) spontaneously if ileus occurs, and the risk of strangulation is high. Because of the congenital defect, the symptoms of ileus always recur, even though resolved after conservative treatment in a few cases"