

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7472

Title: Laparoscopic approach to Meckel's diverticulum

Reviewer code: 02549484

Science editor: Qi, Yuan

Date sent for review: 2013-11-20 19:49

Date reviewed: 2013-12-23 22:25

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	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	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

1.The incidence of Meckel diverticulum is low, and the lower incidence of symptomatic of meckel diverticulum, can we get the conclusion that the (TULA) has superiority compared with traditional surgery just by 19patients? 2.most meckel diverticulum is found under the age of 2 and has quite a difference with median age of 5.4 in the passage 3.should the comparative with traditional surgery can be shown by graph? 4.whether the outcome of different resource of mucosa has difference?

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7472

Title: Laparoscopic approach to Meckel's diverticulum

Reviewer code: 00739133

Science editor: Qi, Yuan

Date sent for review: 2013-11-20 19:49

Date reviewed: 2013-12-28 04:36

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 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Does the incorporeal anastomosis has any significant better results in the management of these patients