

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7955

Title: Laparoscopic Resection for Colonic Cystic Lymphangiomas: a Minimally Invasive Surgical Alternative for the Unusual Benign Malformation

Reviewer code: 00505495

Science editor: Qi, Yuan

Date sent for review: 2013-12-09 18:35

Date reviewed: 2013-12-20 17:20

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	<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

Your manuscript describe a surgical alternative to manage an unusual condiction, respect to the endoscopic way. The surgical approach and above all the mini invasive technique offer more success respect the endoscopic excision in terms of relapse rate

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Title: Laparoscopic Resection for Colonic Cystic Lymphangiomas: a Minimally Invasive Surgical Alternative for the Unusual Benign Malformation

Reviewer code: 02581274

Science editor: Qi, Yuan

Date sent for review: 2013-12-09 18:35

Date reviewed: 2014-01-02 22:07

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

Dear Authors I strongly recommend the manuscript to be revised by a person who speaks English as first language, as inappropriate use of terms may lead to clinically significant misunderstanding (e.g. uneven recovery versus uneventful recovery). My content-specific comments are: Title: good Abstract: - it is unclear whether both cases were diagnosed with all three imaging options (please be more specific) - what type of cystic lymphangiomas (micro- versus macro-cystic)? - the sentences "In regards to the management for colonic lymphangioma, it depends on the individual situation. Close surveillance or surgical resection might be consumed." are confusing to me. I would recommend to specify instead what guided the management plan (i.e. reasons for surgery, open versus MIS, surgery versus sclerosing agents, etc.). Introduction: - what is the incidence of intra-abdominal lymphangiomas? Since you say it is a rare/unusual condition, it would be helpful to understand what the actual incidence is. - the first sentence is unclear to me. Please specify of what intra-abdominal lymphangiomas are 2-5%. - specify what "... but resection is necessary in some specific situation." means. What kind of situation? Care Reports: - are they micro- or macro-cystic lymphangiomas? - do you think these lymphangiomas are congenital or acquired recently? - what is the follow-up plan and time? Case 1: - the operative procedure is not described in sufficient detail: -- did you exclude any additional lesions laparoscopically? -- how much colon was resected? -- what suture and ports were used Case 2: - what was the indication for surgery in this patient, since he described to be asymptomatic? - do not use abbreviations at the beginning of a sentence (e.g. EUS) - what was the reason for puncturing the cyst in situ? what if the lesion turned out to be malignant? - please describe the surgical procedure in more detail Discussion: - did you consider the utilization



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of sclerosing agents (i.e. OK-432)? If not, why not? - discuss the decision-making process in more detail (why resection, why MIS, why puncturing the cyst in patient #2) - do not use abbreviations at the beginning of a sentence (e.g. EUS) - specify what type of literature review was performed (i.e. date of literature search, how many relevant articles were found, resource, what surgical approach was searched for, etc.). It doesn't have to be a systematic literature review, but some more details on the literature review would help understand the scope of the review. - do not finish a sentence with etc. (e.g. "Other diagnostic modalities include Barium enema[15] and CT colonography[17], etc." - unclear meaning of "... less physiological intervention..." Figure 3A: - add asterix to mark the lesion