

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11801

**Title:** Following sigmoid volvulus more patients should undergo surgery

**Reviewer code:** 00646310

**Science editor:** Yuan Qi

**Date sent for review:** 2014-06-05 19:30

**Date reviewed:** 2014-06-07 15:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

I congratulate the authors for a good work. The manuscript is well written and contain useful information. It also provides the first evidence based statistical proof of long term benefits of surgery in sigmoid volvulus. I would recommend this paper for publication

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11801

**Title:** Following sigmoid volvulus more patients should undergo surgery

**Reviewer code:** 02731924

**Science editor:** Yuan Qi

**Date sent for review:** 2014-06-05 19:30

**Date reviewed:** 2014-06-12 00:59

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<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 retrospective review of the experience in your center regarding the treatment of sigmoid volvulus reaches a clear and important outcome, that definitive surgical intervention is a valuable follow up to emergent decompression. As such it provides a worthwhile addition to the literature. However, as you point out from the literature this algorithm is often not followed. In fact, the reader would conclude that even in your own institution over the 15 year period examined, nearly as many patients 26 received conservative therapy as the 28 who had surgical intervention. It therefore would be useful to the reader to learn what were the clinical scenarios that distinguished the two cohorts, ie. what were the criteria that individual surgeons employed to elect to not resect the sigmoid after stabilization. In addition, as about 25% of the conservatively treated patients did well, a comparison of this subgroup to the ones who either succumbed or required further intervention may provide some insight. As such, surgeons will be able to more precisely characterize their patients and make the best possible decisions.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 11801

**Title:** Following sigmoid volvulus more patients should undergo surgery

**Reviewer code:** 02732828

**Science editor:** Yuan Qi

**Date sent for review:** 2014-06-05 19:30

**Date reviewed:** 2014-06-13 20:54

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Besides the obvious weaknesses of this study such as the small number of the patients included and the retrospective analyses, the manuscript provides evidence based proofs of a better long term survival in surgically treated patients. As such I believe that this paper constitutes a notable addition to the literature and I recommended it for publication.