

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15395

Title: FULMINANT ULCERATIVE COLITIS IN A HEALTHY PREGNANT WOMAN

Reviewer's code: 00071767

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2014-12-01 20:15

Date reviewed: 2014-12-27 04:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

BRIEF DESCRIPTION AND GENERAL COMMENTS This case report describes the onset of ulcerative colitis (UC) complicated by toxic megacolon in a 25 year old pregnant patient. A Caesarean section was performed and the colitis was managed conservatively. **SECTIONS-SPECIFIC COMMENTS:** Abstract: it should be cited in the abstract how was managed the colitis, for instance the fact that endoscopic decompression played an important role. Background: absolute lack of references. I think the reader would be interested in how often UC presents for the first time during pregnancy. Has UC any particular aspect during pregnancy? Is there any special consideration the clinician must have for UC management in a pregnant women? Do we really need to know all the people who managed this lady during her in-hospital stay? I think is probably enough to know that it was a multidisciplinary team. **CASE PRESENTATION:** - too long and too many details about laboratory data. - No mention at the TrueLove criteria for the acute colitis. - medical treatment: amikacin + vancomycin+ metronidazole+meropenem. Could the authors please specify if this regimen is in keeping with the current guidelines? - CT scan shows that the colon is gas filled in every patient. The reader would prefer comments on the CT scan findings that would suggest the



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presence of an acute surgical pathology. - How were all the endoscopic decompressions planned? Did the authors performed any investigation to guide their treatment? -destiny of the baby? DISCUSSION - I would like to read some considerations on the balance between medical treatment alone, endoscopic decompression (risks related for the baby and the mother) and surgery, in terms of risks for the baby and risks for the mother. - Is there any clinical sign that should recommend immediate surgery? - Do you routinely manage toxic megacolon medically and endoscopically? - Toxic megacolon is an indication for emergency surgery in UC. I understand that your treatment was successfull, but I am wondering what are the true advantages of your management and if the actual learning point should be "if the patient does not improve immediately proceed to surgery".

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15395

Title: FULMINANT ULCERATIVE COLITIS IN A HEALTHY PREGNANT WOMAN

Reviewer's code: 00503545

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2014-12-01 20:15

Date reviewed: 2015-01-05 09:36

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Orabona et al showed a fulminant ulcerative colitis (UC) in a healthy pregnant woman. They reported that medical therapy and intensive care consented to the survival of both the mother and the baby and prevented the woman from an emergency pancolectomy. Although the case written in this paper is clinically interesting, the author should address the following points. 1. In this report, it is critical that the diagnosis of UC was correctly done in the patient. Thus, the authors should demonstrate both the pictures of colonoscopy and the histological findings of the rectal biopsy in the patient. In addition, the authors should show the history of bloody stool in the patient. 2. With regard to the medical therapy, it is very important how much dose of drug was used for the therapy. Thus, the authors should show the doses of prednisolone and mesalazine used in the patient. 3. The authors should show the result of the examination for cytomegalovirus infection of the patient, if it was performed.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15395

Title: FULMINANT ULCERATIVE COLITIS IN A HEALTHY PREGNANT WOMAN

Reviewer's code: 02941672

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2014-12-01 20:15

Date reviewed: 2014-12-28 14:00

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a case report of severe ulcerative colitis developed in the third trimester of pregnancy and the patient and child were saved by various methods without colon excision. There are some suggestive information in this paper, but needs to be revised as mentioned below. 1, The pictures of colonoscopy and pathology need be shown if possible. 2, Classical English words (foetal, haemoglobin, sierology, faeces, etc) are used in some sentences. They had better to be changed to modern English for easy reading. 3, p3,line 8: What dose "A.A." mean? 4, p4,line 16: "CS" might be an abbreviation for "cesarean section". If so, "CS" needs to be changed to "cesarean section (CS)". 5, The references of 5 and 14 are not presented appropriately. Please revise them as follows. 5 Korelitz BI. Inflammatory bowel disease and pregnancy. Gastroenterol Clin North Am 1998;24:213-22. 14 van der Woude CJ, Kolacek S, Dotan I, Oresland T, Vermeire S, Munkholm P, Mahadevan U, Mackillop L, Dignass A; European Crohn's Colitis Organisation (ECCO).European evidenced-based consensus on reproduction in inflammatory bowel disease. J Crohns Colitis. 2010; 4:493-510.