

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16374

**Title:** The Current State of Laparoscopic Parastomal Hernia Repair

**Reviewer's code:** 02550390

**Reviewer's country:** Denmark

**Science editor:** Jing Yu

**Date sent for review:** 2015-01-14 14:54

**Date reviewed:** 2015-01-29 01:32

| CLASSIFICATION                                    | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input checked="" 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"/> 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 type="checkbox"/> Plagiarism            | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor            |  | <input checked="" type="checkbox"/> No         | <input checked="" type="checkbox"/> Major revision     |
|   |  | BPG Search:                                    |  |
|   |  | <input type="checkbox"/> The same title        |  |
|   |  | <input type="checkbox"/> Duplicate publication |  |
|   |  | <input type="checkbox"/> Plagiarism            |  |
|   |  | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

Because of the poor outcome following open surgical repair of parastomal hernia and in the absence of hard data from controlled studies, review of promising laparoscopic methods - like the present - is needed. Selection of studies for the review and list of references are appropriate. Major comments: 1) The authors compared - as so many other colleagues - Keyhole to Sugarbaker, claiming the same: Superiority of the latter. They should, however, also relate the outcome of the two methods to which type of mesh that have been used (Polypropylene-based or ePTFE and if keyhole and ePTFE whether a preformed keyhole was used). 2) Correspondingly, postoperative morbidity - early as well as late - should also be related to mesh type. It may change the the authors conclusion. In fact, the authors do have some reservation (p.9, line 23): Keyhole and ePTFE are not a good idea. Is ePTFE only good for Sugarbaker? What about PP-based mesh in Keyhole and Sugarbaker? Why not present existing data? 3) With respect to the use of synthetic mesh and late complication the author should also elaborate more in the discussion on the significance of long-term and complete follow-up. A few minor comments: p.4: Is 'stoma appliance failure' really a risk factor for developing a parastomal hernia? p.4, line 8: '...open or laparoscopic onlay, sublay...etc' could easily be misunderstood p.7, line



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11-13: The corresponding references should be moved to 'Sugarbaker', 'Keyhole' and 'equal', respectively.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 16374

**Title:** The Current State of Laparoscopic Parastomal Hernia Repair

**Reviewer's code:** 03031086

**Reviewer's country:** Spain

**Science editor:** Jing Yu

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**Date reviewed:** 2015-03-13 19:54

| CLASSIFICATION                                    | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input checked="" 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"/> 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 checked="" 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

This is a study that analyzes and compares the published results of the surgical techniques currently used (modified Sugarbaker versus keyhole technique) for the treatment of a difficult surgical problem such as the parastomal hernia, although one of these (keyhole technique) currently unused for many authors, including the author herself who described the original technique. The final results corroborate through a meta-analysis what other multicenter studies had already described, that the modified Sugarbaker technique had the best results with respect to recurrence rate. In this sense the value of manuscript is only meant for the detailed review of the literature and statistical evidence, not by new scientific contributions, which does not suppose any loss of interest of the same one. However, in the title of the manuscript "The Current State of Laparoscopic Hernia Repair parastomal" would expect not only a comparative study on the results of these two techniques (IPOM: intraperitoneal onlay position) and a brief review of the sandwich technique and use of single port for performing modified Sugarbaker or stoma relocation. In this sense, what the authors claim, based on the title, is to review the different surgical options that are available today to treat this condition, reference should be made more widely to other described techniques, although are isolated case



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reports: Technical Onlay / sublay mesh repair as well as the laparoscopic stoma relocation to the other side of the abdominal wall, which in particular "disastrous" cases involve a surgical option to consider. If the purpose of the work is another, we should change the title to avoid confusion over the content.