

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15865

**Title:** Clinical outcomes and ergonomics analysis of three laparoscopic techniques for hirschsprung's disease

**Reviewer's code:** 00505481

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-16 21:48

**Date reviewed:** 2015-01-04 03:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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
<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		<input checked="" type="checkbox"/> No	<input 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

A well and nice paper to read. A well done analysis of three different approaches for the same disease. A well done analysis especially in facing different patients and localization of the disease.

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

**ESPS manuscript NO:** 15865

**Title:** Clinical outcomes and ergonomics analysis of three laparoscopic techniques for hirschsprung's disease

**Reviewer's code:** 02554620

**Reviewer's country:** South Korea

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-16 21:48

**Date reviewed:** 2015-01-19 16:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 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 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

I really appreciate your efforts to contribute the paper. but, I don't know, what is the difference between CLEP,SILEP and their H-SILEP? What is the benefit of this method beyond CLEP, SILEP? What is the originality of this study?

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

**ESPS manuscript NO:** 15865

**Title:** Clinical outcomes and ergonomics analysis of three laparoscopic techniques for hirschsprung's disease

**Reviewer's code:** 00041966

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-12-16 21:48

**Date reviewed:** 2015-01-10 21:41

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 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 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

The Authors analyze three minimally invasive approach to surgery for Hirschsprung's disease in pediatric patients. The manuscript is interesting however it needs a throughout revision. Specific comments: Abstract is missing Introduction: the purpose of the study should be stated, as well as what you would like to compare among the three techniques Patients & Methods: were the 90 patients enrolled consecutively or there were exclusion criteria (possibly one exclusion criteria was total aganglionosis as stated later). The characteristics of the patients should be described before the surgical procedures. Reasons for choosing the type of operation should be mentioned as number and experience of surgeons performing the operations. Follow-up criteria are not part of statistical analysis. Results: several data are reported both in the table and in the text, choose only one. Reference for the Manchester Scar Scale should be provided. Treatment of patient with anastomotic leakage should be described. Discussion: there is no mention of post operative pain in the Results section, therefore you should not mention it in the Discussion. All the information on patients exclusion should be moved in the Results. In general the Discussion should focus on main results



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obtained and comparison with the literature.

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

**ESPS manuscript NO:** 15865

**Title:** Clinical outcomes and ergonomics analysis of three laparoscopic techniques for hirschsprung's disease

**Reviewer's code:** 02456643

**Reviewer's country:** Afghanistan

**Science editor:** Ya-Juan Ma

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**Date reviewed:** 2015-01-23 03:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [ Y ] Accept
<input checked="" type="checkbox"/> [ Y ] Grade B: Very good	<input checked="" type="checkbox"/> [ Y ] 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
<input type="checkbox"/> [ ] Grade D: Fair	<input type="checkbox"/> [ ] Grade D: Rejected	<input checked="" type="checkbox"/> [ Y ] No	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> [ ] Grade E: Poor		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"/> [ Y ] No	

## COMMENTS TO AUTHORS

This is a well presented paper where the authors report their experience in the management of Hirschsprung's disease by comparing three different laparoscopic procedures and discussing advantages, disadvantages and clinical outcomes. The authors have a substantial experience in the management of Hirschsprung's disease, as they already have two publications addressing their practice with laparoscopic (single-incision and conventional) and laparoscopic-assisted endorectal pull-through procedures. In this manuscript they have developed a hybrid version of single-incision laparoscopic endorectal pull-through procedure (H-SILEP) in order to preserve the advantages of both laparoscopic techniques related to cosmesis and ergonomics and they compare their results with other laparoscopic procedures. The number of patients, with transitional zone in the descending colon, between groups is not clearly outlined in the methods section, although the number can be assumed from Table 1 under operative time in the second section of the table. Also, there is a difficulty in understanding the values in this particular part of the table. Exclusion of patients is appropriately stated in the Methods section. Therefore the following sentence from Discussion

“Three cases with transitional zone in the descending colon (aged 22, 34 and 49 months) were excluded from the SILEP group because an additional 3-mm trocar was added to the right lower abdomen in order to retract the huge elongated colon for better exposure and facilitate the dissection, otherwise it would have been very difficult to expose the vascular arcades of descending colon and mobilize the splenic flexure.” should be placed in Methods. In the H-SILEP the left working port was trocarless, by puncturing a 3.0 mm grasping forceps. In what means did this provide any advantages compared to a 3.0 mm trocar placement? In the Discussion the authors declare that “There was no difference in the postoperative pain between the 3 groups” but nothing is mentioned in the Results about postoperative pain. There is no reference to age and type of procedure in the Results, but in the Discussion the following sentence “In the SILEP group, we successfully operated 2 patients (aged 3.5 and 18 months) with long segment HD but it was time consuming (operative time  $176 \pm 2.3$  v/s  $154 \pm 3.6$  minutes) compare to the 5 cases with long segment HD from the H-SILEP groups (aged 3, 4, 20, 36 and 50 months). SILEP was difficult in older children with huge elongated colon and transitional zone in the descending colon; for such patients CLEP or H-SILEP was more suitable.” is stated. In the Discussion the following sentence “The SILEP is more suitable for rectosigmoid HD in neonates and infants. The H-SILEP is easier than the SILEP and can be used for older children with rectosigmoid HD and longer-segment HD not exceeding the descending colon.” is repeated twice. Finally, the quality of the written English is lower than that expected for a scientific publication, so the manuscript requires a grammatical and linguistic revision.