ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 17907
Title: Exacerbation of ulcerative colitis after anti-IL-6R salvage   therapy
Reviewer's code: 03252976
Reviewer's country: Portugal
Science editor: Jing Yu
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language	[ ] The same title	[ ] High priority for
[Y] Grade C: Good	polishing	[ ] Duplicate publication	publication
[ ] Grade D: Fair	[ ] Grade C: A great deal of	[ ] Plagiarism	[ ] Rejection
[ ] Grade E: Poor	language polishing	[Y] No	[ ] Minor revision
	[ ] Grade D: Rejected	BPG Search:	[Y] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Thank you for give me an opportunity to review this interesting paper. Authors presented well this manuscript, with correct English. Some considerations have to be made: In my opinion the manuscript should be changed for "case-report" with the following format: Abstract, Introduction, case-report and discussion. Introduction: It's better to describe the clinical case with details after ("The patient received biweekly (…)"should be after) Material and methods: First sentence: should be rewritten. The definite diagnosis of ulcerative colitis it's made by histopathological criteria. It's missing important information of the patient clinical history: -Aminosalicylates: oral and enema? Doses? -How many cycles of corticosteroids made then patient before she developed a steroid dependent disease? -Steroid dependent disease? Value of prednisolone? 10 mg? -Azathioprine: doses? Clinical response? And endoscopy? -Why methotrexate in ulcerative colitis? -Why you continued azathioprine after 5 years of therapy and without a good response? -How was the disease before starting anti-TNF therapy? Initial response? Adalimumab doses? When it was stopped?   -What was the Truelove and Witts score? Did the patient have tachycardia (N90 bpm) or temperature N 37.8 °C ? -Mayo score – 10- moderate disease? - 5 or more stools more than normal – 3 + Obvious blood with

stool most of the time – 2 + Severe disease (spontaneous bleeding, ulceration) – 3? + Moderate disease – 2 ? = 10 -Why Riley and not Geboes score? Score of 15 – what does it mean? -Did you check for clostridium difficile? -Did you think in Leucocytapheresis therapy? -In all of this period the patient was with azathioprine and prednisolone 10mg/day? RESULTS: Why do you think there was a normalization of the blood count and CRP level when the patient showed no clinical and endoscopic improvement, after the therapy of tocilizumab? The Riley histologic score rose? Did you mean rise? "(..) she remained on 10mg/day prednisolone therapy"- it should be explained earlier. 4o paragraph: "Altogether (…)" again why there was a laboratory improvement? What happened with the patient? Agreed finally with the surgery? DISCUSSION: The second paragraph should be the last one because it's a conclusion and because is the first case published in the English literature gives value to the manuscript (perhaps should be mentioned in the title?).