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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 19429

**Title:** Transmural penetration of sigmoid colon and rectum by retained surgical sponge after hysterectomy

**Reviewer's code:** 02512347

**Reviewer's country:** Saudi Arabia

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2015-05-11 14:59

**Date reviewed:** 2015-08-19 12:34

| 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"/> Duplicate publication |  |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade E: Poor            |   | <input checked="" type="checkbox"/> No         | <input checked="" type="checkbox"/> Minor revision     |
|   | <input type="checkbox"/> Grade D: Rejected                            | 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

This is an interesting case report, but similar case reports of retained sponge migration into bowel have already been reported in the literature. Some reports have highlighted the possibility of retained sponge eroding into the bowel and being expelled rectally. The management depends on the presentation at the time of detection. Except in some countries, all surgical sponges have radio-opaque marker facilitating radiological detection. Also, one needs to admit that meticulous swab count does not prevent sponge retention from happening! This case report is interesting and supported with good figures. I have the following comments: 1. Figures quoted in the narrative is not in order i.e you quoted Fig. 1 then Fig. 3D before Fig. 2. 2. You need to highlight the fact that meticulous sponge count DOES NOT prevent retention of surgical sponge. It minimizes its occurrence only. 3. You need to mention the retained sponge occurs commonly at long operative procedure during which there is a change of the scrubbed nursing staff. 4. Did you entertain all extraction of the sponge colonoscopically?



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 19429

**Title:** Transmural penetration of sigmoid colon and rectum by retained surgical sponge after hysterectomy

**Reviewer's code:** 03274545

**Reviewer's country:** United States

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2015-05-11 14:59

**Date reviewed:** 2015-07-17 20:15

| 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 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

Summary:

The authors present a case study of a 39 year old female patient presenting with lower abdominal pain, fever and rectal discharge. The patient had had a hysterectomy 15 months previously. CT findings were inconclusive. Colonoscopy showed a retained sponge had penetrated the sigmoid colon and rectum. The authors comment on the need for radiopaque marking of surgical material and reference the literature.

General comments:

Commentary on patient consent and IRB protocol (exempt?) are needed.

Specific Comments:

Keywords - may add "retained foreign object" and "textiloma" as synonyms

References - Kopka reference is good but may add:

Manzella, A., Filho, P. B., Albuquerque, E., Farias, F., & Kaercher, J. (2009). Imaging of gossypibomas: pictorial review. American Journal of Roentgenology, 193(6\_supplement), S94-S101.



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Kim, C. K., Park, B. K., & Ha, H. (2007). Gossypiboma in abdomen and pelvis: MRI findings in four patients. *American Journal of Roentgenology*, 189(4), 814-817.  
for radiologic presentation in other modalities.