

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 24383

Title: Successful management of adult lymphoma-associated intussusception by laparoscopic reduction and appendectomy

Reviewer's code: 03537663

Reviewer's country: Tunisia

Science editor: Ya-Juan Ma

Date sent for review: 2016-01-21 17:31

Date reviewed: 2016-02-03 00:29

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"/> No	<input checked="" 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"/> No	

COMMENTS TO AUTHORS

Thank you for this interesting case report. I have two remarks: 1) What are clinical examination findings 2) The decision to not resect bowel was taken on the basis of a sure diagnosis of lymphoma. However the CT scan signs are not specific to lymphoma and could evoke other differential diagnosis

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Successful management of adult lymphoma-associated intussusception by laparoscopic reduction and appendectomy

Reviewer's code: 00036328

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2016-01-21 17:31

Date reviewed: 2016-02-28 22:40

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 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"/> No	<input checked="" 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"/> No	

COMMENTS TO AUTHORS

The case report from Yang TW et al. is a well-documented and well-written case of successful management of an adult with HIV who suffered from a large B-cell lymphoma-associated intussusception. The patient was treated by laparoscopic reduction and systemic chemotherapy. Appendectomy was performed to intraoperatively identify the tumor involvement. My only doubt is about the use of diagnostic appendectomy and not of biopsy for the potential risk of tumor spread or bleeding as stated by Authors. For example, ultrasound-guided percutaneous biopsy for diagnosis of small bowel lymphomatous lesions is widely used. For these reasons I suggest to add a reference to better explain this point. Finally, references 21 and 22 are not shown in the text.