

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28778

Title: Indications and surgical options for small bowel, large bowel and perianal Crohn's Disease: review

Reviewer's code: 03596537

Reviewer's country: Greece

Science editor: Yuan Qi

Date sent for review: 2016-07-16 18:56

Date reviewed: 2016-07-19 04:33

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

Thanks for your interesting article. The topic caught my attention and I was interested in reading this article immediately. The overall structure of the manuscript is concise, clear and comprehensive. I would suggest you to consult Format for Manuscript Submission-Review. According to this you should contain "Methods" immediately after "introduction", presenting the way that you conducted the literature search etc.

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Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28778

Title: Indications and surgical options for small bowel, large bowel and perianal Crohn's Disease: review

Reviewer's code: 03258070

Reviewer's country: Italy

Science editor: Yuan Qi

Date sent for review: 2016-07-16 18:56

Date reviewed: 2016-07-31 23:17

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 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

This looks to me as a narrative paper, with data being presented more like a book chapter, rather than a literature review. However, the subject can be of quite interest, especially considering the relative paucity of well-conducted studies upon the matter. Given the ongoing need to rely on small studies and historical data, such comprehensive and focused analysis should be welcome. Herein my comments/questions: Minor issues The authors report that stricturing CD (B2) is associated with younger age at diagnosis. In the subsequent paragraph they say that younger patients are more likely to present B3 CD manifestations. Please, clarify this point. Please, avoid using the term "rectal stump" when evaluating subtotal colectomy. "Minimally Invasive Disease": probably "minimally invasive surgery" should be preferred. While evaluating the potential of minimally invasive surgery, I would add the well known advantages of minimally invasive methods on postoperative peritoneal adhesions. In patients that are likely to receive further surgeries it represent a crucial factor. Please, argument this point.