

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 66510

Title: Right sided diverticulitis in western country: A review

Reviewer's code: 03606724

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-30 06:35

Reviewer performed review: 2021-05-04 13:11

Review time: 4 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity of reviewing this interesting review article. This article reviewed articles on right sided colonic diverticulitis (RSD) published from Western countries. In this review, the authors mention that correct diagnosis was made in only 32.2%. The authors also mention that conservative management can be a safe/effective in most cases. I think the theses of the review is very interesting. However, I think this review has following critical points to be revised: Major comments: 1. The authors discuss the low accuracy of RSD in Western countries as an important point. However, I cannot find the definition of “correct diagnosis”, “presumptive diagnosis”, or “diagnosis accuracy” in the manuscript. I think this lack of the definition of “correct diagnosis” is critical issue. 2. The authors report that 56.4% of the RSD patients was operated and comment that non-surgical management may be adapted to more cases because some operated cases was operated for incorrect diagnosis such as appendicitis. However, the authors did not review management of RSD in Asian countries. Because much more experience and evidence has been published from Asian researchers, I think the comparison of the result of present study and Asian studies is essential to evaluate the appropriateness of the management in Western countries. Hens, I think the authors should review, at least major guidelines of diverticular disorders published from Asian countries, and compare them to research form Western countries. 3. The authors stated: “Left-sided colonic diverticula (LCD) are mostly multiple acquired “false” diverticula (made of mucosa and muscularis mucosa), whilst right-sided colonic diverticula (RCD) are more often solitary and “true” (made of all layers). Historically, RCD in Western countries are solitary and congenital in 81% of cases and differ completely from the left-sided form.” However, the original article that the authors cited as #32 stated: “The right-sided diverticula in the West were previously thought to be “true diverticula,” including all the layers of the colon, in other words, this type of diverticula was thought



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to be “congenital” and to differ completely from the left-sided form. However, since Hughes reported ten cases of cecal diverticula that were all “false diverticula,” this theory was thought to be questionable.” Therefore, what the authors state is incorrect. In Asian countries, physicians actually think colonic diverticula are “false” diverticular regardless of the sites. If the authors think RSD is associated with “true” diverticula, I think the authors need to confirm the histological findings of operated cases. Minor comments: 1. Please spell out RSD, LSD, ICD, and NOM when they emerge the first time. 2. METHODS: section title “literature search” emerge twice. Please check them out and revise them if necessary. 3. METHODS: Please concisely explain the contents and concept of MINORS score for readers. 4. RESULTS: “Location of diverticular was not reported in 242 cases (57.3%)” I cannot understand the meaning of the sentence. Because “exclusion criteria” in METHODS section mentioned “undefined laterality or both left- and right-sided diverticulitis, ...”, I think these studies should be already excluded. 5. Tables: Please add abbreviations in all tables. 6. Figure 1: study#6 must be published 2011, not 2001. Please correct it.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 66510

Title: Right sided diverticulitis in western country: A review

Reviewer's code: 05085803

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Research Fellow

Reviewer's Country/Territory: Romania

Author's Country/Territory: Italy

Manuscript submission date: 2021-03-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-03 21:14

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The title accurately describes the study; the abstract is structured and relevantly summarises the background, aim, methodology and results. The introduction is clearly exposes the current state of knowledge, underlying the research hypothesis and justifying the need for this study. Methodology follows all steps undertaken by the authors. Literature search, systematic review, inclusion and exclusion criteria, data analysis are adequately described. Results, discussions and conclusion follow the same rigour the authors have presented up to this point. One thing I would like to point out is that in the tables some acronyms appear which are not defined. In the discussion, the authors briefly explain the ethiopathogenic theories behind right colon diverticulitis, incidence of the disease, methods of diagnosis and reasons for misdiagnosis and underline the current treatment options for this disease. The language quality is good, but needs some minor language polishing. Overall I find this review of very good scientific quality.