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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 9742

Title: BLIND LOOP PERFORATION AFTER SIDE-TO-SIDE ILEOCOLONIC ANASTOMOSIS

Reviewer code: 00012309

Science editor: Wen, Ling-Ling

Date sent for review: 2014-02-26 22:56

Date reviewed: 2014-02-28 04:19

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This case report could best be submitted to a surgical journal. The English needs revision

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 9742

Title: BLIND LOOP PERFORATION AFTER SIDE-TO-SIDE ILEOCOLONIC ANASTOMOSIS

Reviewer code: 00535896

Science editor: Wen, Ling-Ling

Date sent for review: 2014-02-26 22:56

Date reviewed: 2014-04-05 21:43

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

In general the side-to-side anastomosis is a bad technique to restore intestinal continuity but not unusual in times of laparoscopic surgery of the right colon. It leads to a progressive distention of the cul-de-sac, which produces definite pockets of stasis and infection. A more detailed INTRODUCTION part will be of benefit for a better presentation of the 3 cases. Also in a journal of Gastroenterology it makes sense to describe why side-to-side anastomosis are very common nowadays (laparoscopic surgery/ stapler devices in open surgery) so that the reader who is not performing colon surgery every day knows why this problematic is up to date. It will be also feasible in a text of approximately 2 and half pages, not to use abbreviations like SSA/SSIA/BLS all the time.

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 9742

Title: BLIND LOOP PERFORATION AFTER SIDE-TO-SIDE ILEOCOLONIC ANASTOMOSIS

Reviewer code: 00504581

Science editor: Wen, Ling-Ling

Date sent for review: 2014-02-26 22:56

Date reviewed: 2014-04-07 03:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1o. For the non surgical reader it seems interesting to read some more comments and explanations of the reasons (pros and cons, and morbidity) of the different types of reconstruction after open right hemicolectomy and laparoscopic hemicolectomy, in order to fully understand the importance of the findings reported by the authors 2o. During the "introduction" the authors comment about the risk of Side-to-side anastomoses (SSA) (questioned in the past)for the substantial risk of progressive distension of the cul de sac and to predispose to the so-called blind loop syndrome (BLS) (1,2).However, during the discussion the authors did not make a deep revision of this issue. It would be interesting a thoroughly discussion about the incidence reported of the blind loop syndrome and perforation after SSA anastomoses before the laparoscopic era, and if this SSIA procedure was replaced by the end-to-side reconstruction to avoid this problem?? For the non