



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** bpgoffice@wjgnet.com  
<https://www.wjgnet.com>

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 84113

**Title:** Strategies to manage the difficult colonoscopy

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04881478

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Egypt

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-02-28

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-04 23:05

**Reviewer performed review:** 2023-04-15 21:04

**Review time:** 10 Days and 21 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

i thought that the manuscript would explain some anatomical tricks of colon which may hinder complete examination, types of looping, how to overcome them and how to overcome difficult intubation of splenic and hepatic flexures, methods of ileal intubation then the recent advances in colonoscopy.



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**Reviewer's code:** 03721089

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Attending Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-02-28

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-17 05:44

**Reviewer performed review:** 2023-04-23 14:20

**Review time:** 6 Days and 8 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Difficult colonoscopy is indeed a problem that endoscopic surgeons may face in their practical work, and it is of practical clinical value to pay attention to and solve this problem. This review is well written. It reviews and summarizes the current situation of difficult colonoscopy, the factors that make colonoscopy difficult, the techniques for dealing with difficult colonoscopy and the equipment for managing difficult colonoscopy. Finally, it also shares the relevant experience of the author's own endoscopy center. This review is helpful for beginners in clinical colonoscopy. Here are some tips for this review: 1. Some disease factors, such as Parkinson's disease, are also risk factors for increasing colonoscopy time. Can other disease factors be briefly mentioned? 2. The simple manipulation of the nurse or assistant and the change of the position in the presence of difficult colonoscopy are very practical in dealing with difficult colonoscopy, especially in some basic hospitals. It is also suggested to appropriately increase the relevant content. 3. References is suggested to update the latest references.



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**Peer-review model:** Single blind

**Reviewer's code:** 02954019

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-02-28

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-05-14 04:10

**Reviewer performed review:** 2023-05-14 04:33

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

This review article presents the techniques and methods available to assist in the difficult colonoscopy procedure. It is particularly clinically useful because it describes most of the modalities currently available. It is useful to know how to select the next modality when the colonoscopy is difficult to observe and additional tests are needed. For example, is there a report that CT colonography is preferable in patients older than 85 years and balloon endoscopy in younger patients? I would like the author's opinion on what the next modality should be when insertion was difficult due to pain and the bowel is too long to reach.