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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 3673

Title: ENTEROSCOPY IN SMALL BOWEL CROHN' S DISEASE: A REVIEW

Reviewer code: 00030998

Science editor: Gou, Su-Xin

Date sent for review: 2013-05-14 15:11

Date reviewed: 2013-05-19 13:46

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

COMMENTS TO AUTHORS

This is an interesting review of enteroscopy in small bowel Crohn's disease. I have several suggestions to clarify and improve the manuscript. 1. Please rewrite the abstract section, which should include more practical data. The reference numbers should be removed. 2. Why does this review exclude wireless capsule endoscopy? 3. Please summarize advantages and disadvantages of each modality in a table. 4. Please describe the diagnostic and therapeutic values of each technique separately and clearly. 5. Please present sensitivity and specificity for the diagnosis of Crohn's disease of each modality. 6. A table summarizing the results of comparative studies of various modalities would be helpful. 7. The conclusion section is lengthy. Please shorten and clarify it. The reference numbers are not necessary.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 3673

Title: ENTEROSCOPY IN SMALL BOWEL CROHN' S DISEASE: A REVIEW

Reviewer code: 00073423

Science editor: Gou, Su-Xin

Date sent for review: 2013-05-14 15:11

Date reviewed: 2013-05-21 20:21

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 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 checked="" 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

1. The assessment of small bowel damage in Crohn's disease is still far from sufficient, therefore the analysis of small bowel endoscopy and other imaging methods is important. 2. Though the review presents some interesting materials it is not clear for whom the review is appointed: to the experts or to wide auditorium? 3. It remains not clear why only the Crohn's disease studies are analyzed 4. The paper does not give full assessment and comparison of different techniques, as well as the assessment of accuracy parameters? The assessment of costs also could be useful? 5. Maybe some assessment of complex investigations with several techniques could be analyzed? 6. Maybe some recommendation according to the level of centre and according to the recourses could be proposed? Or some algorithms suggested? 7. Author, as an expert probably could provide some advices for the anatomical orientation and could suggest some technical tips? 8. Perhaps the fig.14 is not needed? 9. Some other pictures are also copied from the manufacturer's websites.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 3673

Title: ENTEROSCOPY IN SMALL BOWEL CROHN' S DISEASE: A REVIEW

Reviewer code: 00504435

Science editor: Gou, Su-Xin

Date sent for review: 2013-05-14 15:11

Date reviewed: 2013-05-21 22:56

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"/> 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 type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a review article on enteroscopy for Crohn's disease, mainly on device-associated enteroscopy. This review is well documented, but several points should be addressed. Double balloon enteroscopy ?The name of Dr. Yamamoto is wrong. His name is Dr. Hironori Yamamoto. ?For total enteroscopy, DBE can be performed in the antegrade approach first, and followed by the retrograde approach, and vice versa. ?Actual ileal intubation rates in the retrograde DBE are much higher than those described in this paper. Ileal intubation rates are usually more than 90% in high volume centers. Indeed, ileal intubation rate was 92% (80/87) in the manuscript which the authors cited in this part (May et al., 2005). The authors should rewrite this part. Single balloon enteroscopy ?What is USS? Spiral enteroscopy ?SE is not usually used in the retrograde approach, and there are no reports on the total enteroscopy using SE. The authors should mention this limitation.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 3673

Title: ENTEROSCOPY IN SMALL BOWEL CROHN’ S DISEASE: A REVIEW

Reviewer code: 00028527

Science editor: Gou, Su-Xin

Date sent for review: 2013-05-14 15:11

Date reviewed: 2013-05-23 15:08

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

COMMENTS TO AUTHORS

This is an interesting review on various endoscopic techniques for visualisation of the small bowel in Crohn’s disease. The review is well-written, but I have some comments: First of all calprotectin is not routinely used at all places as what is the impression from line 4 of the introduction and in this paragraph the author should also add histology, which gives a higher level of information than calprotectin. Further, I think it is not necessary in this context to describe the endoscopic abnormalities in Crohn’s disease. When mentioning confocal laser endomicroscopy the authors should specify the advantages and disadvantages of this technique including endocytoscopy and experimental molecular imaging. In the second paragraph it is questionable if capsule endoscopy should be mentioned, as you could also mention various other techniques including MRI, e.g. VIGOR++. The last section of the second paragraph describing ECCO and other international consensus guidelines could be deleted. In the third paragraph small bowel ultrasound is mentioned, however, as ultrasound waves do not penetrate air this technique is generally of limited value unless if you are investigating patients with Crohn’s disease for e.g. intraabdominal abscesses. When describing the push endoscopy, double-balloon endoscopy, single-balloon endoscopy and spiral endoscopy as well as other methods or deep small bowel enteroscopy, I would suggest the authors to include a table with the indications of these various techniques also briefly stating advantages and disadvantages. The authors have included 14 figures. However, I believe some of them can be deleted without missing any scientific information.