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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18448

Title: Structural brain lesions in inflammatory bowel disease

Reviewer's code: 00036420

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-21 17:43

Date reviewed: 2015-04-27 22:54

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 checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It would be useful to have a neurologist on authorship to speak about clinical significance and how non-neurologists might pick up findings on exam. For example, the section on cerebral vasculitis seems incomplete without a description of clinical presentation. A brief figure to explain basic brain anatomy and white matter/grey matter to an audience that doesn't have facility with the CNS would be useful. There should be some perspective on the frequency of adverse events included. For example, the CNS section suggests multiple infections are possible, but cites only once reference and there is no clarity on whether steroids/immunesuppression or neither contribute to this.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 18448

Title: Structural brain lesions in inflammatory bowel disease

Reviewer's code: 02529456

Reviewer's country: Hungary

Science editor: Ya-Juan Ma

Date sent for review: 2015-04-21 17:43

Date reviewed: 2015-04-22 15:37

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 checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A comprehensive review on an underreported and conflictive area. Comments; 1. authors should include both a conclusion section and a Table with bullet points highlighting the most important associations and practical conclusion 2. Another table should be constructed that should summarize the different indications/diagnoses and the evidence from the studies available with study characteristics (e.g. patient numbers and clinical profile/phenotype/drug therapy) percentage of patients with positive findings and main clinical message.