

ESPS Peer-review Report

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 2052

Title: Enteroclysis – Current Clinical Value

Reviewer code: 02467759

Science editor: Song, Xiu-Xia

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Date reviewed: 2013-02-24 01:42

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

Comments to the Author: In the retrospective study "Enteroclysis – Current Clinical Value", you report on enteroclysis as diagnostic option in small bowel disease. The study is well elaborated and we agree that conventional enteroclysis has its diagnostic value for dedicated clinical indications. Nevertheless we disagree that that enteroclysis it "gold standard" in small bowel diagnostics. Please specify your "introduction" at this point, compatible with the "discussion", where you correctly balance endoscopy versus x-ray. Minor comments: 1.) Introduction (page 3, paragraph 1) The authors describe modern endoscopic techniques, and did not mention single-balloon and spiral enteroscopy. 2.) Introduction (page 3, paragraph 2) Based on the cited article (Gatta G, Di Grezia G, Di Mizio V, et al. Crohn's disease imaging: a review. Gastroenterology research and practice) double contrast examination of the small intestine cannot be considered overall as "gold standard for small bowel diagnostics". The mentioned article only reviewed imaging techniques in IBD. The authors should refer to broader comparisons, such as e.g. Dye et al., Endoscopic and radiographic evaluation of the small bowel in 2012, Am J Med. 2012 Dec;125(12):1228.e1-1228.e12. And especially in Crohn's disease imaging modalities should be combined (Lenze et al., Detection and differentiation of inflammatory versus fibromatous Crohn's disease strictures: prospective comparison of 18F-FDG-PET/CT, MR-enteroclysis, and transabdominal ultrasound versus endoscopic/histologic evaluation. Inflamm Bowel Dis. 2012 Dec;18(12):2252-60). 3.) Introduction (Page 2, last paragraph): "From there decreasing diagnostic quality will straight lead to a declining number of referrals in the future." Please consider revision on language accuracy. 4.) Discussion (Page 7, second, forth paragraph) The citation of modern endoscopic procedures (15,16) should be expanded to the aforementioned techniques such as spiral enteroscopy and single-balloon enteroscopy.