

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** The title accurately describes the study; the abstract is structured and relevantly summarises the background, aim, methodology and results. The introduction clearly exposes the current state of knowledge, underlying the research hypothesis and justifying the need for this study. Methodology follows all steps undertaken by the authors. Literature search, systematic review, inclusion and exclusion criteria, data analysis are adequately described. Results, discussions and conclusion follow the same rigour the authors have presented up to this point. One thing I would like to point out is that in the tables some acronyms appear which are not defined.

We add the full word or the meaning of the acronyms, the first time we cite them in the manuscript.

In the discussion, the authors briefly explain the ethiopathogenic theories behind right colon diverticulitis, incidence of the disease, methods of diagnosis and reasons for misdiagnosis and underline the current treatment options for this disease. The language quality is good, but needs some minor language polishing. Overall I find this review of very good scientific quality.

A native speaker reviewed the manuscript, apportioning some correction in the text.

Reviewer #2:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** Thank you for the opportunity of reviewing this interesting review article. This article reviewed articles on right sided colonic diverticulitis (RSD) published from Western countries. In this review, the authors mention that correct diagnosis was made in only 32.2%. The authors also mention that conservative management can be a safe/effective in most cases. I think the theses of the review is very interesting. However, I think this review has following critical points to be revised: Major comments:

1. The authors discuss the low accuracy of RSD in Western countries as an important point. However, I cannot find the definition of "correct diagnosis", "presumptive diagnosis", or "diagnosis accuracy" in the manuscript. I think this lack of the definition of "correct diagnosis" is critical issue.

We added the abovementioned definition in "methods".

2. The authors report that 56.4% of the RSD patients was operated and comment that non-surgical management may be adapted to more cases because some operated cases was operated for incorrect diagnosis such as appendicitis. However, the authors did not review management of RSD in Asian countries. Because much more experience and evidence has been published from Asian researchers, I think the comparison of the result of present study and Asian studies is essential to evaluate the appropriateness of the management in Western countries. Hens, I think the authors should review, at least major guidelines of diverticular disorders published from Asian countries, and compare them to research form Western countries.

We added an entire paragraph regarding the management of right sided diverticulitis in eastern countries.

3. The authors stated: "Left-sided colonic diverticula (LCD) are mostly multiple acquired "false" diverticula (made of mucosa and muscularis mucosa), whilst right-sided colonic diverticula (RCD) are more often solitary and "true" (made of all layers). Historically, RCD in Western countries are solitary and congenital in 81% of cases and differ completely from the left-sided form." However, the original article that the authors cited as #32 stated: "The right-sided diverticula in the West were previously thought to be "true diverticula," including all the layers of the colon, in other words, this type of diverticula was thought to be "congenital" and to differ completely from the left-sided form. However, since Hughes reported ten cases of cecal diverticula that were all "false diverticula," this theory was thought to be questionable." Therefore, what the authors state is incorrect. In Asian countries, physicians actually think colonic diverticula are "false" diverticular regardless of the sites. If the authors think RSD is associated with "true" diverticula, I think the authors need to confirm the histological findings of operated cases.

We changed the abovementioned sentence after a deeper search. [Historically, RSD have been considered congenital and true (made of all layers) as opposed to LSD considered to be mostly acquired and false (made of mucosa and muscularis mucosa). Instead, according to further studies was found that most or even all of the cases of RSD were actually false, both solitary and multiple. This demonstrates that the underlying pathophysiology has not yet been fully clarified and that the aetiology of diverticular disease on the right and left-side is probably more similar than we think]

Minor comments: 1. Please spell out RSD, LSD, ICD, and NOM when they emerge the first time.

We added the full name of the acronyms we used.

2. METHODS: section title "literature search" emerge twice. Please check them out and revise them if necessary.

We eliminate the second "literature search", due to a copy error.

3. METHODS: Please concisely explain the contents and concept of MINORS score for readers.

We added a short explanation of MINORS score in "methods".

4. RESULTS: "Location of diverticular was not reported in 242 cases (57.3%)" I cannot understand the meaning of the sentence. Because "exclusion criteria" in METHODS section mentioned "undefined laterality or both left- and right-sided diverticulitis, ...", I think these studies should be already excluded.

We added a clarification where we mean that was not reported if the location was cecal or in the ascending colon.

5. Tables: Please add abbreviations in all tables.

We added abbreviations.

6. Figure 1: study#6 must be published 2011, not 2001. Please correct it.

We fix it.

## 4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

## 5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

**(1) *Science editor:*** 1 Scientific quality: The manuscript describes a Minireview of the The right side diverticulitis. The topic is within the scope of the WJGS. (1) Classification: Grade B and Grade D; (2) Summary of the Peer-Review Report: this review of very good scientific quality. The authors should make definition of "correct diagnosis". The questions raised by the reviewers should be answered; (3) Format: There are 4 tables and 3 figures; (4) References: A total of 52 references are cited, including 7 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference. 2 Language evaluation: Classification: Grade B and Grade C. The manuscript is reviewed by a native English speaker. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGS. 5 Issues raised: (1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>; (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

6 Recommendation: Conditional acceptance.

### **(2) *Editorial office director:***

**(3) *Company editor-in-chief:*** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

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Best regards,

Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office

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