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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2990

Title: Proper treatment of acute sigmoid volvulus in emergency setting

Reviewer code: 00505590

Science editor: l.l.wen@wjgnet.com

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for publication
[Y] Grade C (Good)	[] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	BPG Search:	[] Minor revision
[] Grade E (Poor)		[] Existed	[Y] Major revision
		[] No records	

COMMENTS TO AUTHORS:

The authors present a well written case series describing their experience with sigmoid volvulus. The case series is similar to many others in the literature however it is worthy of publication as this disease process is common throughout much of the world, and as the authors describe, there is still much debate as to the ideal management. There are several minor suggestions: -Regarding the 2 subjects with gangrene, please do not describe this group as having a 50% mortality rate, as an N of 2 is insufficient. Rather simply state one of two patients died. -"plain abdominal x-rays" should be written as "abdominal radiographs" -The tense should agree within the paragraph; in the abstract "results" section change "Seventeen patients (60.7%) have history..." to instead read "Seventeen patients (60.7%) had history...". -The last sentence of the "methods" section belongs in the "results" section The most glaring point that requires major revisions is the claim that decompression alone is sufficient for managing non-gangrenous sigmoid volvulus. The authors note a high recurrence rate. Over what time period was this observed? How do the authors justify accepting this high recurrence rate given that the gold standard for non-gangrenous sigmoid volvulus is surgery (either resective or non-resective)? The authors cite Raveenthiran et al. See the abstract of this paper: "Emergency endoscopic reduction is the treatment of choice in uncomplicated patients. But it is only a temporizing procedure, and it should be followed in most cases by elective definitive surgery. Resection of the redundant sigmoid colon is the gold standard operation." The authors present a case series similar to many series published in the early and mid-20th century which describe a high recurrence rate. The claim "surgery is only for those in whom nonoperative treatment is unsuccessful, or in whom peritonitis is present" is over-stated and not supported by the author's data. Perhaps the authors should instead state that emergency surgery is reserved for gangrene and failed decompression, and that due to a high recurrence rate it may be prudent to consider interval semi-elective resection and primary anastomosis several days after successful decompression. If the authors disagree with this alternative statement, they must cite properly the literature which supports surgery and provide a rational



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argument that justifies accepting their high recurrence rate when the vast majority of recent literature is contrary to the second sentence of the conclusions section in their abstract. I encourage the authors to address these concerns and I look forward to reviewing a revised manuscript.