



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Pharmacology and Therapeutics

**ESPS manuscript NO:** 26815

**Title:** Logical hypothesis: Low FODMAP diet for diverticulitis

**Reviewer’s code:** 03476292

**Reviewer’s country:** Israel

**Science editor:** Jing Yu

**Date sent for review:** 2016-04-28 10:23

**Date reviewed:** 2016-05-14 20:52

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

**COMMENTS TO AUTHORS**

The authors presented an extensive review about dietary possibilities in diverticular disease. they present a new possibilities for dietary measures in the treatment and prevention of diverticular disease. i commend the authors for a job well done, i have a few comments: 1. i think such an extensive review should include a section about the role of probiotics in diverticular disease. there are contradicting results with this supplment and a report about dietary measure in diverticulitis would not be complete without a refernce to the matter. 2. the correlation between IBS and Diverdicular disease is interesting, however, IBS, unlike diverticular disase, has a strong correlation with stress that causes patophysiological changes to the intestinal wall through several speculated mechanisms that are worth adding to the review. 3. The comparison between the western and eastern populations is understood and it is very common in the literature regarding diverticular disease. there are other places in the world with similar diet like the FODMAP diet mentioned in your study, like the middle east where lagumes and grains are common ingridients in the local menu. these are worth mentioning as well. other than that i conrgaulate the authors, it was a very interesing read and i thank you for it !



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**Reviewer’s country:** Denmark

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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
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<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" 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 checked="" type="checkbox"/> Minor revision
		BPG Search:	<input 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**

Thank you for the opportunity to revise the manuscript. In their review the authors suggest that adoption of a low FODMAP diet (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols) may help prevent recurrence of diverticulitis, differently from what is suggested from the actual guidelines. The manuscript is well organized and has its rationale. However, some of the references cited by authors are also reviews and the lack of high-quality clinical studies prevent from withdrawn strong conclusions. My main concern regards the lack of proof of causality and this should be acknowledged by the authors. In particular, it is unclear if there is a causative event among small intestine bacterial overgrowth syndrome, right diverticular disease, or maybe gut dysbiosis, or if it is a continuum of a unique disease. Moreover, the lack of literature prevent from discuss the role of gut microbiota in the pathogenesis of diverticular disease and its complications. Minor comments: - Page 1: Since the study hypothesis is that low FODMAP diet may help prevent recurrence of diverticulitis and not treat patients with diverticulitis, I would suggest to edit the title as “Logical hypothesis: Low FODMAP diet for diverticular disease patients” or “Logical hypothesis: Low FODMAP diet to prevent diverticulitis” - Page 5: “The proximal colon, consisting of the



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transverse colon and rectum...". The proximal colon do not include the rectum but the ascendant colon. - Page 6: "Moreover, these clefts may contain blood vessels [34][33]". Please, either delete or include reference 34. - Page 11: "Several reports have addressed the potential correlation between IBS and DD". Please, add references. - Page 15: "Abstru~~ct~~" (reference 39 in the reference list). Please, correct.



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<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
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**COMMENTS TO AUTHORS**

Dear author's, A very interesting and elaborate document. However, it should be thoroughly revised since at this point in time it is not pleasant to read. .Please constrict yourself to facts and leave stories such as about a female patient out of the manuscript. Furthermore try and keep a clear line in your writing and do not elaborate on every little detail. Finally it is my believe that some conclusion's are a bit premature; a few examples; 1. Subsequent studies found that intake of a higher fiber diet led to increased volume and less viscous feces accompanied by a shorter transit time [4-6], thereby preventing the rise of internal pressure in the large intestine. Advocates of the fiber diet suggested that it would help to spread the lumen of the large intestine, thereby suppressing the excessive contraction that would otherwise be caused by large amounts of compacted feces. These findings have led to the widely accepted theory that DD is strongly related to constipation [7]. 2. Please explain and highlight in your piece the difference between right sided and left sided diverticula. They can not be compared as they are in this piece. 3. Finally, prevalence of colonic DD has been correlated with advancing age [19], In recent times the correlation between age and diverticula has become less and less strict. Please comment on this. I would be very interested in reading a revised version.



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Kind regards.