



**ESPS PEER REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14468

**Title:** Unusual onset of colonic sarcoidosis: A case report

**Reviewer code:** 02731212

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-06 20:32

**Date reviewed:** 2014-10-09 10:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

The authors present the case of a 57yo man who presented with an obstructing colonic mass. Colonoscopic biopsies were non-diagnostic and he underwent hemicolectomy and was found to have colonic sarcoidosis. This is an unusual presentation of a highly condition, and a worthwhile case report. The authors warn that colonoscopic biopsies can be non-diagnostic but they overstate their case somewhat. Previous reports of colonic sarcoidosis have been diagnosed colonoscopically (for example, see Bat et al, Endoscopy 2014). This reference should also be included in the discussion. Some minor points and questions: 1. Lung involvement was not diagnosed "simultaneously" by chest CT--the chest CT was done prior to the hemicolectomy. 2. Had the patient previously had a colonoscopy? If so, what were the results? 3. Was there any relevant family history? 4. Are there any theories regarding why sarcoidosis may sometimes involve the GI tract? (Or why it may spare the lungs?)



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14468

**Title:** Unusual onset of colonic sarcoidosis: A case report

**Reviewer code:** 02945445

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-06 20:32

**Date reviewed:** 2014-10-16 11:53

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The authors perform a good review of sarcoidosis. I have a few comments. Sarcoidosis is a diagnosis of exclusion and requires: the presence of clinical and radiographic findings consistent with a diagnosis; non-caseating granulomas from one or more sites; and exclusion of other granuloma-forming diseases (in addition to microbiologic and serologic tests that aid in confirming the diagnosis). In the case history, a travel history should be included. In the discussion first paragraph, the authors should include a list of other diseases that sarcoidosis can mimic. In reviewing the other published literature, the authors should review how some other problems were managed. In particular, how was the rectal sarcoidosis managed?



**ESPS PEER REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14468

**Title:** Unusual onset of colonic sarcoidosis: A case report

**Reviewer code:** 02977367

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-10-06 20:32

**Date reviewed:** 2014-10-07 21:30

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

Thank you for the opportunity to review this manuscript. It is a case report of a patient with a new right colonic mass, concerning for cancer. This was removed. Pathology showed inflammatory cells only. Chest CT showed consolidation, for which the patient was treated for pneumonia. RUL lung biopsy ultimately confirmed sarcoidosis. The authors cite that they report the first case in which the patient had GI symptoms without respiratory symptoms. This is interesting, but in this case the diagnosis of sarcoidosis would not have changed patient management. I think some portions of the patient’s management should be clarified:(1) why was the patient on antibiotics for a full month given the minimal respiratory symptoms. What antibiotics were chosen, through what route, and with what rationale? Title All colonic manifestations of sarcoid are rare, so perhaps the title could be modified to highlight this is an unusual case of an unusual manifestation? Abstract ‘Simultaneously, a chest computed...’ A this refers to the CT, this sentence should be after the sentence on ‘Radiologic investigations...’ Introduction Paragraph 2 with the findings of sarcoidosis seems far too long and wordy Case report Was the patient a native Italian? Any recent travel history or exposure? Family history of auto-immune disease? Pathology findings: would you expect the diagnosis of sarcoid to be evident on colonic pathology from the other case reports? What about other extrapulmonary manifestations of sarcoid, do they show typical sarcoid findings? It seems interesting that the diagnosis was not confirmed on colonic pathology. Discussion I think it would be interesting to hear how a known diagnosis of sarcoidosis would change the



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management—do you think steroids would cause the colonic lesion to regress? Would you have treated the 'chest infection' differently, would that patient have gotten antibiotics or steroids or some different treatment?