



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

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Title: Laparoscopy for Crohn's disease: A comprehensive exploration of minimally invasive surgical techniques

Reviewer's code: 03765445

Position: Editorial Board

Academic degree: FRCS (Gen Surg), MBChB, MCh

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Thank you for inviting me to review this manuscript. Title: The authors should consider including laparoscopic surgery for CD or the safety, feasibility and short-term efficacy of laparoscopic enterectomy for CD in the title as highlighted in core tip. Background: Does pre-operative US scan change the first laparoscopic port insertion in virgin abdomen or in simple CD versus complex CD? Methods: Inclusion criteria 3).. Please explain the exclusion criteria 1) a history of confounding results or other additional risks, what are the confounding and additional risks? Under surgical procedure, how did the surgeon select cases for laparotomy as a routine procedure? Results: The authors described the level of abdominal adhesions into 0 to IV. However, there was no result on the level of adhesions between the laparoscopic versus laparotomy group. Perhaps the authors can share this result and the significance in Table 2. The authors compared laparoscopic versus laparotomy, however, there was no comparison in terms of the extent of resection eg segmental ileal resection, ileo-colic resection, colonic resection or enbloc resection with fistula involving pelvic organ? Discussion: Apart from balloon dilatation for strictures, authors should consider discussing the advantages and disadvantages of stricturoplasty versus intestinal resection. The advantages of laparoscopic surgery in colon cancer such as right hemicolectomy are well established. The authors focussed on Crohn's disease that warrants surgical resection. It is interesting that ileus tube is used as balloon dilatation rather than intestinal decompression. It is also interesting pre-operative ultrasound scan is used to assess the degree of peritoneal adhesions to guide first port insertion. However, the results of the level of adhesions that affected the post insertion in this laparoscopic cohort were not presented or discussed. The authors could consider discussing the limitation of their study and any future research direction of laparoscopic



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