



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14736

Title: Diagnosis and treatment of infection by Mycobacterium avium subsp. paratuberculosis (human paratuberculosis) in a cohort of family members with several diseases of unknown etiology (including Crohn disease and complex regional pain syndrome)

Reviewer code: 02942942

Science editor: Su-Xin Gou

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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 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 checked="" 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

This is a well-written paper addressing an interesting topic. Until to date, the link between Mycobacterium avium paratuberculosis and auto-immune diseases (in particular Crohn's disease) has been confirmed nor refuted. I think the paper may be improved by addressing the following issues: 1) In the discussion section the authors state that it is unlikely that the disease went into remission spontaneously. This was supported by 20% probability of spontaneous resolution. However, patient A was concomitantly treated with steroids. Can the authors speculate whether the remission was caused by natural course (spontaneous remission), steroid treatment or antibiotic treatment? 2) As the authors mention in the discussion section, the diagnostic tests for MAP are unclear. To what extent has this biased the results? 3) Can the authors give recommendations with regard to the duration and dosing regimen of antibiotic treatment against MAP?